



DEPARTMENT OF THE NAVY
BUREAU OF NAVAL PERSONNEL
5720 INTEGRITY DRIVE
MILLINGTON TN 38055-0000

5720
PERS 00J6/20200603
August 25, 2020

Ms. Kelly O'Brien
LA County Public Defender's Office
200 W. Compton Boulevard
Suite 800
Compton, CA 90220

Dear Ms. O'Brien:

SUBJECT: YOUR FREEDOM OF INFORMATION ACT (FOIA) REQUEST

This is in response to your Freedom of Information Act (FOIA) request of August 24, 2020. You seek Navy Official Military Personnel File (OMPF) documentation pertaining to the late Duc Vinh Dam. This command received your request on August 25, 2020. Your FOIA request number is 2020-011422 and FOIA correspondence file number is 20200603.

A releasable copy of responsive OMPF documentation is enclosed. The redacted portions of the released documentation, including the social security number pertaining to Mr. Dam, are exempt from disclosure under FOIA exemption 6 [5 U.S.C. § 552(b)(6)]. Release of such information would constitute a clearly unwarranted invasion of the personal privacy of other identified individuals. Mr. Dam's social security number is excised as it may be utilized by recipients of benefits and thus would constitute and unwarranted invasion of their personal privacy.

I am the official responsible for the partial denial of your request. You have the right to an appeal. It must be received within 90 calendar days from the date of this letter. Please provide a letter requesting an appeal, with a copy of your initial request and a copy of the letter of denial, in an envelope marked "Freedom of Information Act Appeal." You are encouraged (though not required) to provide an explanation why you believe the redactions were inappropriate or our search was inadequate. Also, please provide a copy of your appeal letter to us at Bureau of Naval Personnel, PERS Code 00J6, 5720 Integrity Drive, Millington, TN 38055.

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There are two ways to file an appeal—through FOIAonline or by mail.

1. Through FOIAonline. This will work only if you set up an account on FOIAonline before you make the request that you would like to appeal. To set up an account, go to FOIAonline (this is a website that will appear as the top

hit if you search the internet for "FOIAonline"), click "Create Account" (a link located within the blue banner at the top in the upper right corner), enter your data into the field that subsequently appears, and click "Save" (at the bottom left of the screen). With your account thereby created, you will have the power to file an appeal on FOIAonline to any request you file on FOIAonline thereafter. To do so, locate your request (enter a keyword or the request tracking number in the "Search for" field on the "Search" tab), click on it, then the "Create Appeal" tab in the left-hand column. Complete the subsequent field, click "Save," and FOIAonline will submit your appeal.

2. By mail. Address your appeal to:

The Judge Advocate General (Code 14)
1322 Patterson Avenue SE, Suite
3000, Washington Navy Yard, DC
20374-5066

[Note: the preceding address is the default address. Alternatively, it may be sent to the Department of the Navy General Counsel if appropriate (the Office of the General Counsel generally handles issues outside of those of the uniformed service). That address is as follows:

Department of the Navy,
Office of the General Counsel,
1000 Navy Pentagon, Room 5A532
Washington, DC 20350-1000]

If you have any questions, please contact me at david.german@navy.mil or (901) 874-3165. You may also contact the DON FOIA Public Liaison, Christopher Julka, at christopher.a.julka@navy.mil, (703) 697-0031. In addition, the

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Office of Government Information Services (OGIS) provides a voluntary mediation process for resolving disputes between persons making FOIA requests and the Department of the Navy (DON). For more information, go to <https://www.archives.gov/ogis/about-ogis/contact-information>.

Sincerely,

David P. German

D. P. GERMAN
FOIA/PA Officer

RECORD OF DISCHARGE FROM THE U.S. NAVY RESERVE (INACTIVE)

ACTIVITY TITLE

NAVY RESERVE PERSONNEL CENTER MILLINGTON, TENNESSEE

N332/sch
24 April-06

HOME ADDRESS AT TIME OF DISCHARGE

HM3 DUCVINH DAM
341 EAST 189TH STREET
CARSON CA 90746-0000

TYPE OF DISCHARGE AND AUTHORITY

CERTIFICATE ISSUED

REMARKS

N/A HR
N/A DR

(b)(6)

CAPTAIN, USN

DISCHARGE DATE 24 MAR 06	IMMEDIATELY REENLISTED		
DUCVINH DAM	RATE HM3	SOCIAL SECURITY NUMBER (b)(6)	BRANCH AND CLASS USNR

[illegible]

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)		
23. TYPE OF SEPARATION RELADU TRANS TO NAVAL RESERVE	24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY MILPERSMAN 1910-104	26. SEPARATION CODE MBK	27. REENTRY CODE RE-1
28. NARRATIVE REASON FOR SEPARATION COMPLETED REQUIRED ACTIVE SERVICE		
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) TL: NONE		30. MEMBER REQUESTS COPY 4 (Initials) <i>DD</i>

ENLISTED QUALIFICATIONS HISTORY

1. EDUCATIONAL EXPERIENCE LEVEL

GED (HS) EQUIVALENT TEST			COLLEGE LEVEL GENERAL EXAMS		PRESENT LEVEL OF EDUCATION					
DATE ISSUED	ISSUING STATE	INIT	DATE PASSED	INIT	12	13	14	15	16	17

2. CLASSIFICATION/ASVAB TESTING QUALIFICATIONS

TEST FORM ID	DATE ADMIN.	AFQT	GS	AR	WK	PC	NO	CS	AS	MK	MC	EI	VE
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ASVAB ADMINISTERED BY:

SPECIAL TEST SCORES

NAME	FORM	DATE	SCORE

CLASSIFIER'S SIGNATURE:

3. RECORD OF OFF-DUTY EDUCATION/VOC/TECH TRAINING AND NON-REQUIRED CORRESPONDENCE COURSES

NUMBER/TITLE OF COURSE OR TEST	SCHOOL	DATE COMPLETED	GRADE	INIT	NUMBER/TITLE OF COURSE OR TEST	SCHOOL	DATE COMPLETED	GRADE	INIT

4. OTHER TRAINING COURSES/INSTRUCTIONS COMPLETED

DATE COMPLETED	TYPE OF COURSE AND/OR INSTRUCTION	DURATION	LOCATION	INIT
02JUL19	PREHOSPITAL TRAUMA LIFE SUPPORT	1 WEEK	MARFORPAC, 1FSSG, CAMPEN	
02SEP20	WILDERNESS MEDICINE COURSE (KARS)	2 WEEKS	MOUNTAIN WARFARE TRAINING CENTER, CA	

NAME (Last, First, Middle)

SOCIAL SECURITY NUMBER

BRANCH AND CLASS

DAM, DUC V

(b)(6)

USN/11

5. NAVY SERVICE SCHOOLS/MILITARY TRAINING COURSES

COURSE TITLE/SCHOOL		NEC	DATE ENROLLED/COMPLETED		COURSE TITLE/SCHOOL		NEC	DATE ENROLLED/COMPLETED	
COURSE LENGTH	GRADE	MANNER OF COMPLETION <input type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED		INIT	COURSE LENGTH	GRADE	MANNER OF COMPLETION <input type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED		INIT
COURSE TITLE/SCHOOL		NEC	DATE ENROLLED/COMPLETED		COURSE TITLE/SCHOOL		NEC	DATE ENROLLED/COMPLETED	
COURSE LENGTH	GRADE	MANNER OF COMPLETION <input type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED		INIT	COURSE LENGTH	GRADE	MANNER OF COMPLETION <input type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED		INIT

6. CORRESPONDENCE COURSES REQUIRED FOR ADVANCEMENT

DESCRIPTION OF COURSE, RATE OR NAVPERS NUMBER	DATE COMPLETED	INIT	DESCRIPTION OF COURSE, RATE OR NAVPERS NUMBER	DATE COMPLETED	INIT

7. NAVY ENLISTED CLASSIFICATIONS

8. PERSONNEL ADVANCEMENT REQUIREMENTS

PRIMARY CODE	SECONDARY CODE	DATE	INIT	DESCRIPTION	DATE COMPLETED	INIT
8404	8483	REEN (3YRS) 02MAR29	ENG			

9. ENLISTED RATE/RATING

10. DESIGNATOR RECORD

RATE	DATE	TIME IN RATE	INIT	DATE	DESIGNATOR	QUAL/REVOCATION	INIT
HM3	16FEB03	01JAN03	ENG				

NAME (Last, First, Middle)

DAM, DUC V

SOCIAL SECURITY NUMBER

(b)(6)

BRANCH AND CLASS

USN/11

31

E3/HN

ENLISTMENT / REENLISTMENT DOCUMENT

ARMED FORCES OF THE UNITED STATES

(b)(6)

Privacy Act Statement

AUTHORITY: 5 USC 3331; 32 USC 708; 44 USC 708 and 3101; 10 USC 133, 265, 275, 504, 508, 510, 591, 672(d), 678, 837, 1007, 1071 through 1087, 1168, 1169, 1475 through 1480, 1553, 2107, 2122, 3012, 5031, 8012, 8033, 8496, and 9411; 14 USC 351 and 632; and Executive Order 9397, November 1943 (SSN).

PRINCIPAL PURPOSES: To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification.

ROUTINE USES: This form becomes a part of the Service's Enlisted Master File and Field Personnel File. All uses of the form are internal to the relevant Service.

DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate the enlistment / reenlistment application.

A. ENLISTEE / REENLISTEE IDENTIFICATION DATA

1. NAME (Last, First, Middle) DAM DUC VINH		2. SOCIAL SECURITY NUMBER (b)(6)	
3. HOME OF RECORD (Street, City, State, ZIP Code) 1643 1/2 WEST 224TH ST TORRANCE, CA 90501		4. PLACE OF ENLISTMENT / REENLISTMENT (Mil. Installation, City, State) LOS ANGELES MEPS CA 90016	
5. DATE OF ENLISTMENT / REENLISTMENT (YYMMDD) 980325	6. DATE OF BIRTH (YYMMDD) 790821	7. PREV MIL SVC UPON ENL / REENLIST	YEARS MONTHS DAYS
		a. Total Active Military Service	
		b. Total Inactive Military Service	

B. AGREEMENTS

8. I am enlisting / reenlisting in the United States (list branch of service) **NAVAL RESERVE**
this date for **8** years and
00 weeks beginning in pay grade **E-1**. The additional details of my enlistment /
reenlistment are in Section C and Annex(es) **A**.

a. FOR ENLISTMENT IN A DELAYED ENTRY / ENLISTMENT PROGRAM (DEP):

I understand that I will be ordered to active duty as a Reservist unless I report to the place shown in item 4 above by (list date (YYMMDD)) **0500 980811** for enlistment in the Regular component of the United States (list branch of service) **NAVY** for not less than **4** years and **00** weeks. My enlistment in the DEP is in a nonpay status. I understand my period of time in the DEP is **NOT** creditable for pay purposes upon entry into a pay status. However, I also understand that this time is counted toward fulfillment of my military service obligation or commitment. I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, moral qualifications, and mailing address.

b. Remarks: (If none, so state.) **NONE**

c. The agreements in this section and attached annex(es) are all the promises made to me by the Government.
ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.

(Initials of Enlistee / Reenlistee) **DvD**

(Continued on reverse side.)

C. PARTIAL STATEMENT OF EXISTING UNITED STATES LAWS

9. FOR ALL ENLISTEES OR REENLISTEES: Many laws, regulations, and military customs will govern my conduct and require me to do things a civilian does not have to do. The following statements are not promises or guarantees of any kind. They explain some of the present laws affecting the Armed Forces which I cannot change but which Congress can change at any time.

a. My enlistment is more than an employment agreement. As a member of the Armed Forces of the United States, I will be:

(1) Required to obey all lawful orders and perform all assigned duties.

(2) Subject to separation during or at the end of my enlistment. If my behavior fails to meet acceptable military standards, I may be discharged and given a certificate for less than honorable service, which may hurt my future job opportunities and my claim for veteran's benefits.

(3) Subject to the military justice system, which means, among other things, that I may be tried by military courts-martial.

(4) Required upon order to serve in combat or other hazardous situations.

(5) Entitled to receive pay, allowances, and other benefits as provided by law and regulation.

b. Laws and regulations that govern military personnel may change without notice to me. Such changes may affect my status, pay, allowances, benefits, and responsibilities as a member of the Armed Forces **REGARDLESS** of the provisions of this enlistment / reenlistment document.

c. In the event of war, my enlistment in the Armed Forces continues until six (6) months after the war ends, unless my enlistment is ended sooner by the President of the United States.

10. MILITARY SERVICE OBLIGATION FOR ALL MEMBERS OF THE ACTIVE AND RESERVE COMPONENTS, INCLUDING THE NATIONAL GUARD.

a. **FOR ALL ENLISTEES:** If this is my initial enlistment, I must serve a total of eight (8) years. Any part of that service not served on active duty must be served in a Reserve Component unless I am sooner discharged.

b. If I am a member of a Reserve Component of an Armed Force at the beginning of a period of war or national emergency declared by Congress, or if I become a member during that period, my military service may be extended without my consent until six (6) months after the end of that period of war.

c. As a member of a Reserve Component, in time of war or national emergency declared by Congress, I may be required to serve on active duty (other than for training) for the entire period of the war or emergency and for six (6) months after its end.

d. As a member of the Ready Reserve I may be required to perform active duty or active duty for training without my consent (other than as provided in item 8 of this document as follows:

(1) In time of national emergency declared by the President of the United States, I may be ordered to active duty (other than for training) for not more than 24 consecutive months.

(2) I may be ordered to active duty for 24 months, and my enlistment may be extended so I can complete 24 months of active duty, if:

(a) I am not assigned to, or participating satisfactorily in, a unit of the Ready Reserve; and

(b) I have not met my Reserve obligation; and

(c) I have not served on active duty for a total of 24 months.

(3) I may be ordered to perform additional active duty training for not more than 45 days if I have not fulfilled my military service obligation and fail in any year to perform the required training duty satisfactorily. If the failure occurs during the last year of my required membership in the Ready Reserve, my enlistment may be extended until I perform that additional duty, but not for more than six months.

(4) When determined by the President that it is necessary to support any operational mission, I may be ordered to active duty for not more than 90 days if I am a member of the Selected Reserve.

11. FOR ENLISTEES/REENLISTEES IN THE NAVY, MARINE CORPS, OR COAST GUARD: I understand that if I am serving on a naval vessel in foreign waters, and my enlistment expires, I will be returned to the United States for discharge as soon as possible consistent with my desires. However, if essential to the public interest, I understand that I may be retained on active duty until the vessel returns to the United States. If I am retained under these circumstances, I understand I will be discharged not later than 30 days after my return to the United States; and, that except in time of war, I will be entitled to an increase in basic pay of 25 percent from the date my enlistment expires to the date of my discharge.

12. FOR ALL MALE APPLICANTS: Completion of this form constitutes registration with the Selective Service System in accordance with the Military Selective Service Act. Incident thereto the Department of Defense may transmit my name, permanent address, military address, Social Security Number, and birthdate to the Selective Service System for recording as evidence of the registration.

NAME OF ENLISTEE / REENLISTEE (Last, First, Middle)

DAM DUC VINH

SOCIAL

SECURITY NO. OF ENLISTEE / REENLISTEE

(b)(6)

D. CERTIFICATION AND ACCEPTANCE

13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.

I CERTIFY THAT I HAVE CAREFULLY READ THIS DOCUMENT. ANY QUESTIONS I HAD WERE EXPLAINED TO MY SATISFACTION. I FULLY UNDERSTAND THAT ONLY THOSE AGREEMENTS IN SECTION B OF THIS DOCUMENT OR RECORDED ON THE ATTACHED ANNEX(ES) WILL BE HONORED. ANY OTHER PROMISES OR GUARANTEES MADE TO ME BY ANYONE ARE WRITTEN BELOW: (If none, X "NONE" and initial.)

☒ NONE DVD (Initials of enlistee / reenlistee)

b. SIGNATURE OF ENLISTEE / REENLISTEE

+ Duc Vinh Nam

(b)(6)

c. DATE SIGNED (YYMMDD)

980325

14. SERVICE REPRESENTATIVE CERTIFICATION

a. On behalf of the United States (list branch of service) NAVY, I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.

b. NAME (Last, First, Middle)

(b)(6)

c. PAY GRADE

E-6

d. UNIT / COMMAND NAME

NAVY RCTG DIST LOS ANGELES

f. DATE SIGNED (YYMMDD)

980325

g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

LOS ANGELES
CA 90016

E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR):

I, DUC VINH DAM, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

16. IN THE NATIONAL GUARD (ARMY OR AIR):

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of _____ against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of _____ and the orders of the officers appointed over me, according to law and regulations. So help me God.

17. IN THE NATIONAL GUARD (ARMY OR AIR):

I do hereby acknowledge to have voluntarily enlisted / reenlisted this _____ day of _____ in the _____ National Guard and as a Reserve of the United States (list branch of service) _____ with membership in the _____ National Guard of the United States for a period of _____ years, _____ months, _____ days, under the conditions prescribed by law, unless sooner discharged by proper authority.

18a. SIGNATURE OF ENLISTEE / REENLISTEE

Duc Vinh Nam

b. DATE SIGNED (YYMMDD)

980325

19. ENLISTMENT / REENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME (Last, First, Middle)

(b)(6)

c. PAY GRADE

O-4

d. UNIT / COMMAND NAME

LOS ANGELES MEPS

e. SIGNATURE

(b)(6)

f. DATE SIGNED (YYMMDD)

980325

g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

LOS ANGELES
CA 90016

NAME OF ENLISTEE / REENLISTEE (Last, First,

SECURITY NO OF ENLISTEE / REENLISTEE

(b)(6)

DAM DUC VINH

F. DISCHARGE FROM DELAYED ENTRY / ENLISTMENT PROGRAM

20a. I request to be discharged from the Delayed Entry / Enlistment Program (DEP) and enlisted in the Regular

Component of the United States (list branch of service) NAVY for a period of4 years and 00 weeks. No changes have been made to my enlistment options ORif changes were made they are recorded on Annex(es) NANA which replace(s) Annex(es) NA

b. SIGNATURE OF DELAYED ENTRY / ENLISTMENT PROGRAM ENLISTEE

c. DATE SIGNED (YYMMDD)

X Duc Vinh Dam

980811

G. APPROVAL AND ACCEPTANCE BY SERVICE REPRESENTATIVE

21. SERVICE REPRESENTATIVE CERTIFICATION

a. This enlistee is discharged from the Reserve Component shown in item 8 and is accepted for enlistment in the

Regular Component of the United States (list branch of service) NAVY in pay grade E-1

b. NAME (Last, First, Middle)

(b)(6)

c. PAY GRADE

E-6

d. UNIT / COMMAND

NAVY RCTG DIST LOS ANGELES

e. SIGNATURE

(b)(6)

f. DATE SIGNED (YYMMDD)

980811

g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

LOS ANGELES

CA 90016-4719

H. OATH OF ENLISTMENT OR REENLISTMENT

22a. IN A REGULAR COMPONENT OF THE ARMED FORCES:

I, DUC VINH DAM, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

b. SIGNATURE OF ENLISTEE / REENLISTEE

c. DATE SIGNED (YYMMDD)

X Duc Vinh Dam

980811

23. ENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME (Last, First, Middle)

(b)(6)

c. PAY GRADE

O-4

d. UNIT / COMMAND NAME

LOS ANGELES MEPS

e. SIGNATURE

(b)(6)

f. DATE SIGNED (YYMMDD)

980811

g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

LOS ANGELES

CA 90016-4791

EVALUATION REPORT COUNSELING RECORD (E1-L)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) DAM, DUC V				2. Rate HNHA		3. Desig		4. SSN (b)(6)	
5. ACT <input checked="" type="checkbox"/>		TAR <input type="checkbox"/>		INACT <input type="checkbox"/>		AT/ADSW/ 265 <input type="checkbox"/>		6. UIC 30496	
7. Ship/Station NSHS PORTSMOUTH VA				8. Promotion Status REGULAR		9. Date Reported 99AUG24			
Occasion for Report				Detachment		Promotion/		Period of Report	
10. Periodic <input type="checkbox"/>		11. of Individual <input checked="" type="checkbox"/>		12. Frocking <input type="checkbox"/>		13. Special <input type="checkbox"/>		14. From: 99AUG24 15. To: 00MAR16	
16. Not Observed Report <input checked="" type="checkbox"/>		Type of Report		17. Regular <input checked="" type="checkbox"/>		18. Concurrent <input type="checkbox"/>		19. <input type="checkbox"/>	
20. Physical Readiness P/WS		21. Billet Subcategory (if any) NA		22. Reporting Senior (Last, FI MI) (b)(6)		23. Grade CDR		24. Desig 2900	
25. Title ACADEMIC DIR		26. UIC 35976		27. SSN (b)(6)					
28. Command employment and command achievements. Advanced education and training of officer and enlisted medical department personnel to ensure maxium responsiveness to operational and professional requirements. To perform such other functions as may be by the Chief, Bureau of Medicine and Surgery.									
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) STUDENT Surgical Technologist School (B-301-0039) (HM 8483) (26 weeks)-6. WATCH: BEQ-3; Main Operating Room-3.									
For Mid-term Counseling Use. (When completing EVAL, enter 30 and 31 from counseling record, sign 32.)				30. Date Counseled NOT REQ		31. Counselor		32. Signature of Individual Counseled	
PERFORMANCE TRAITS: 1.0 - Below standards/not progressing or UNSAT in any one standard; 2.0 - Does not yet meet all 3.0 standards; 3.0 - Meets all 3.0 standards; 4.0 - Exceeds most 3.0 standards; 5.0 - Meets overall criteria and most of the specific standards for 5.0. Standards are not all inclusive.									
PERFORMANCE TRAITS	1.0* Below Standards	2.0 Pro- gressing	3.0 Meets Standards	4.0 Above Standards	5.0* Greatly Exceeds Standards				
33. PROFESSIONAL KNOWLEDGE: Technical knowledge and practical application. NOB <input type="checkbox"/>	-Marginal knowledge of rating, specialty or job. -Unable to apply knowledge to solve routine problems. -Fails to meet advancement/PQS requirements.	- - -	-Strong working knowledge of rating, specialty and job. -Reliably applies knowledge to accomplish tasks. -Meets advancement/PQS requirements on time.	- - -	-Recognized expert, sought out by all for technical knowledge. -Uses knowledge to solve complex technical problems. -Meets advancement/PQS requirements early/with distinction.				
34. QUALITY OF WORK: Standard of work; value of end product. NOB <input type="checkbox"/>	-Needs excessive supervision. -Product frequently needs rework. -Wasteful of resources.	- - -	-Needs little supervision. -Produces quality work. Few errors and resulting rework. -Uses resources efficiently.	- - -	-Needs no supervision. -Always produces exceptional work. No rework required. -Maximizes resources.				
35. EQUAL OPPORTUNITY: Fairness, respect for human worth. NOB <input type="checkbox"/>	-Displays personal bias or engages in harassment. -Tolerates bias, unfairness or harassment in subordinates. -Lacks respect for EO objectives. -Interferes with order and discipline by disregarding rights of others.	- - - -	-Always treats others with fairness and respect. -Does not condone bias or harassment in or outside of workplace. -Supports Navy EO objectives. -Contributes to unit cohesiveness and morale.	- - - -	-Admired for fairness and human respect. -Ensures a climate of fairness and respect for human worth. -Pro-active EO leader, achieves concrete EO objectives. -Leader and model contributor to unit cohesiveness and morale.				
36. MILITARY BEARING/ CHARACTER: Appearance, conduct, physical fitness, adherence to Navy Core Values. NOB <input type="checkbox"/>	-Consistently unsat appearance. -Unsatisfactory demeanor/conduct. -Unable to meet one or more physical readiness standards. -Fails to live up to one or more Navy Core Values: HONOR, COURAGE, COMMITMENT.	- - - -	-Excellent personal appearance. -Excellent demeanor or conduct. -Complies with physical readiness program, within all standards. -Always lives up to Navy Core Values: HONOR, COURAGE, COMMITMENT.	- - - -	-Exemplary personal appearance. -Exemplary representative of Navy. -Excellent or outstanding PRT. A leader in physical readiness. -Exemplifies Navy Core Values: HONOR, COURAGE, COMMITMENT.				
37. PERSONAL JOB ACCOMPLISHMENT/ INITIATIVE: Responsibility, quantity of work. NOB <input type="checkbox"/>	-Needs prodding to attain qualification or finish job. -Prioritizes poorly. -Avoids responsibility.	- - -	-Productive and motivated. Completes tasks and qualifications fully and on time. -Plans/prioritizes effectively. -Reliable, dependable, willingly accepts responsibility.	- - -	-Energetic self-starter. Completes tasks or qualifications early, far better than expected. -Plans/prioritizes with exceptional skill and foresight. -Seeks extra responsibility and takes on the hardest jobs.				

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) DAM, DUC V		2. Rate HN HA		3. Desig		4. SSN (b)(6)	
PERFORMANCE TRAITS	1.0* Below Standards	2.0 Pro- gressing	3.0 Meets Standards		4.0 Above Standards	5.0* Greatly Exceeds Standards	
38. TEAMWORK: Contributions to team building and team results NOB <input type="checkbox"/>	- Creates conflict, unwilling to work with others, puts self above team. - Fails to understand team goals or teamwork techniques. - Does not take direction well.	<input type="checkbox"/>	- Reinforces others' efforts, meets commitments to team. - Understands goals, employs good teamwork techniques. - Accepts and offers team direction.		<input type="checkbox"/>	- Team builder, inspires cooperation and progress. - Focuses goals and techniques for teams. - The best at accepting and offering team direction.	
39. LEADERSHIP: (Optional for E1-E3) Organizing, motivating and developing others to accomplish goals. NOB <input type="checkbox"/>	- Fails to motivate, train or develop subordinates. - Fails to organize, creates problems for subordinates. - Does not set or achieve goals relevant to command mission. - Lacks ability to cope with or tolerate stress. - Inadequate communicator. - Tolerates hazards or unsafe practices. - Does not attend to welfare of subordinates.	<input type="checkbox"/>	- Effectively motivates, trains and develops subordinates. - Organizes successfully, solves problems as they occur. - Sets/achieves useful, realistic goals which support command mission. - Performs and leads effectively in stressful situations. - Clear, timely communicator. - Ensures safety of personnel and equipment. - Routinely considers subordinates' personal and professional welfare.		<input type="checkbox"/>	- Inspiring motivator and trainer, consistently builds winners. - Superb organizer, great foresight, gets ahead of problems. - Leadership achievements significantly furthers command mission. - Perseveres through the toughest challenges and inspires others. - Exceptional communicator. - Makes subordinates safety-conscious, has top safety record. - Constantly improves the personal and professional lives of others.	
40. Individual Trait Avg. total of trait scores divided by number of graded traits.	41. I recommend this individual for (maximum of two): Assignment in Rating, Sea Special Programs, Shore Special Programs, Commissioning Programs, Special Warfare Programs, Rating Instructor Duty, Other. (Be specific) NONE			42. Signature of Rater (Typed Name & Rate): I have evaluated this member against the above performance standards and have forwarded written explanation of marks 1.0 and 5.0. Date:			
43. COMMENTS ON PERFORMANCE: * All 5.0 and 1.0 marks must be specifically substantiated in comments. Comments must be verifiable. Bold, underlined, italic, or other highlighted type is prohibited. Font must be 10 or 12 Pitch (10 or 12 point) only. Use upper and lower case. NOB report submitted due to duty under instruction.							
44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period. Awarded NEC HM 8483.							
Promotion Recommendation	NOB	Significant Problems	Progressing	Promotable	Must Promote	Early Promote	47. Retention: Not Recommended <input type="checkbox"/> Recommended <input type="checkbox"/>
45. INDIVIDUAL	X						48. Reporting Senior Address NSHS PORTSMOUTH 1001 HOLCOMB RD. PORTSMOUTH, VA 23708-5200
46. SUMMARY	<input checked="" type="checkbox"/>						
49. Signature of Senior Rater (Typed Name & Grade/Rate): I have reviewed the evaluation of this member against these performance standards and have provided written explanation to support the marks of 1.0 and 5.0. (b)(6) CDR Date:				50. Signature of Reporting Senior (b)(6) Date: 03-14-10			
51. Signature of Individual Evaluated. "I have seen this report, been apprised of my performance, and understand my right to submit a statement." I intend to submit a statement. <input type="checkbox"/> I do not intend to submit a statement. <input checked="" type="checkbox"/> Date: 16 Mar 00				52. Type name, grade, command, UIC, and signature of regular Reporting Senior on Concurrent Report Date:			

EVALUATION REPORT / COUNSELING RECORD (E1-E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) DAM, DUC V				2. Rate HN		3. Designation		4. SSN (b)(6)			
5. ACT <input checked="" type="checkbox"/> TAR <input type="checkbox"/> INACT <input type="checkbox"/> AT/ADSW/265 <input type="checkbox"/>		6. UIC 00183		7. Ship/Station NAVMEDCENT PORVA			8. Promotion Status REGULAR		9. Date Reported 00MAR15		
Occasion for Report 10. Periodic <input checked="" type="checkbox"/> 11. of Individual <input type="checkbox"/> 12. Promotion/Frocking <input type="checkbox"/> 13. Special <input type="checkbox"/>			Period of Report 14. From: 00MAR16 15. To: 00JUL15								
16. Not Observed Report <input type="checkbox"/>		Type of Report 17. Regular <input checked="" type="checkbox"/> 18. Concurrent <input type="checkbox"/> 19. <input type="checkbox"/>		20. Physical Readiness P/WS			21. Billet Subcategory (if any) NA				
22. Reporting Senior (Last, FI MI) (b)(6)		23. Grade HMCM		24. Desig		25. Title DIR SEL		26. UIC 00183		27. SSN (b)(6)	
28. Command employment and command achievements. Maintains operational readiness, ensures medical readiness of fighting forces. provides accessible, high quality, comprehensive healthcare. Prevents illness and injury, promotes wellness and health. Operates a health care education center of excellence.											
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) SURGICAL TECH PRI: Surgical technologist (8483) -4, Responsibilities include scrubbing and circulating surgical procedures, decontamination, processing and preparation of instrumentation for sterilization and patient transportation. WATCH: Surgical Technologist-3											
For Mid-term Counseling Use. (When completing EVAL, enter 30 and 31 from counseling record, sign 32.)				30. Date Counseled NOT REQ		31. Counselor		32. Signature of Individual Counseled <i>[Signature]</i>			
PERFORMANCE TRAITS: 1.0 - Below standards/not progressing or UNSAT in any one standard; 2.0 - Does not yet meet all 3.0 standards; 3.0 - Meets all 3.0 standards; 4.0 - Exceeds most 3.0 standards; 5.0 - Meets overall criteria and most of the specific standards for 5.0. Standards are not all inclusive.											
PERFORMANCE TRAITS	1.0* Below Standards	2.0 Pro- gressing	3.0 Meets Standards	4.0 Above Standards	5.0* Greatly Exceeds Standards						
33. PROFESSIONAL KNOWLEDGE: Technical knowledge and practical application. NOB <input type="checkbox"/>	- Marginal knowledge of rating, specialty or job. - Unable to apply knowledge to solve routine problems. - Fails to meet advancement/PQS requirements.		- Strong working knowledge of rating, specialty and job. - Reliably applies knowledge to accomplish tasks. - Meets advancement/PQS requirements on time.	<input checked="" type="checkbox"/>	- Recognized expert, sought out by all for technical knowledge. - Uses knowledge to solve complex technical problems. - Meets advancement/PQS requirements early/with distinction.						
34. QUALITY OF WORK: Standard of work; value of end product. NOB <input type="checkbox"/>	- Needs excessive supervision. - Product frequently needs rework. - Wasteful of resources.		- Needs little supervision. - Produces quality work. Few errors and resulting rework. - Uses resources efficiently.	<input checked="" type="checkbox"/>	- Needs no supervision. - Always produces exceptional work. No rework required. - Maximizes resources.						
35. EQUAL OPPORTUNITY: Fairness, respect for human worth. NOB <input type="checkbox"/>	- Displays personal bias or engages in harassment. - Tolerates bias, unfairness or harassment in subordinates. - Lacks respect for EO objectives. - Interferes with order and discipline by disregarding rights of others.		- Always treats others with fairness and respect. - Does not condone bias or harassment in or outside of workplace. - Supports Navy EO objectives. - Contributes to unit cohesiveness and morale.	<input checked="" type="checkbox"/>	- Admired for fairness and human respect. - Ensures a climate of fairness and respect for human worth. - Pro-active EO leader, achieves concrete EO objectives. - Leader and model contributor to unit cohesiveness and morale.						
36. MILITARY BEARING/CHARACTER: Appearance, conduct, physical fitness, adherence to Navy Core Values. NOB <input type="checkbox"/>	- Consistently unsat appearance. - Unsatisfactory demeanor/conduct. - Unable to meet one or more physical readiness standards. - Fails to live up to one or more Navy Core Values: HONOR, COURAGE, COMMITMENT.		- Excellent personal appearance. - Excellent demeanor or conduct. - Complies with physical readiness program, within all standards. - Always lives up to Navy Core Values: HONOR, COURAGE, COMMITMENT.	<input checked="" type="checkbox"/>	- Exemplary personal appearance. - Exemplary representative of Navy. - Excellent or outstanding PRT. A leader in physical readiness. - Exemplifies Navy Core Values: HONOR, COURAGE, COMMITMENT.						
37. PERSONAL JOB ACCOMPLISHMENT/INITIATIVE: Responsibility, quantity of work. NOB <input type="checkbox"/>	- Needs prodding to attain qualification or finish job. - Prioritizes poorly. - Avoids responsibility.		- Productive and motivated. Completes tasks and qualifications fully and on time. - Plans/prioritizes effectively. - Reliable, dependable, willingly accepts responsibility.	<input checked="" type="checkbox"/>	- Energetic self-starter. Completes tasks or qualifications early, far better than expected. - Plans/prioritizes with exceptional skill and foresight. - Seeks extra responsibility and takes on the hardest jobs.						

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) DAM, DUC V		2. Rate HN		3. Desig		4. SSN (b)(6)	
PERFORMANCE TRAITS	1.0* Below Standards	2.0 Pro- gressing	3.0 Meets Standards	4.0 Above Standards	5.0* Greatly Exceeds Standards		
38. TEAMWORK: Contributions to team building and team results NOB <input type="checkbox"/>	- Creates conflict, unwilling to work with others, puts self above team. - Fails to understand team goals or teamwork techniques. - Does not take direction well.	<input type="checkbox"/>	- Reinforces others' efforts, meets commitments to team. - Understands goals, employs good teamwork techniques. - Accepts and offers team direction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	- Team builder, inspires cooperation and progress. - Focuses goals and techniques for teams. - The best at accepting and offering team direction.	<input type="checkbox"/>
39. LEADERSHIP: (Optional for E1-E3) Organizing, motivating and developing others to accomplish goals. NOB <input checked="" type="checkbox"/>	- Fails to motivate, train or develop subordinates. - Fails to organize, creates problems for subordinates. - Does not set or achieve goals relevant to command mission. - Lacks ability to cope with or tolerate stress. - Inadequate communicator. - Tolerates hazards or unsafe practices. - Does not attend to welfare of subordinates.	<input type="checkbox"/>	- Effectively motivates, trains and develops subordinates. - Organizes successfully, solves problems as they occur. - Sets/achieves useful, realistic goals which support command mission. - Performs and leads effectively in stressful situations. - Clear, timely communicator. - Ensures safety of personnel and equipment. - Routinely considers subordinates' personal and professional welfare.	<input type="checkbox"/>	<input type="checkbox"/>	- Inspiring motivator and trainer, consistently builds winners. - Superb organizer, great foresight, gets ahead of problems. - Leadership achievements significantly furthers command mission. - Perseveres through the toughest challenges and inspires others. - Exceptional communicator. - Makes subordinates safety-conscious, has top safety record. - Constantly improves the personal and professional lives of others.	<input type="checkbox"/>
40. Individual Trait Avg. total of trait scores divided by number of graded traits. 3.00		41. I recommend this individual for (maximum of two): Assignment in Rating, Sea Special Programs, Shore Special Programs, Commissioning Programs, Special Warfare Programs, Rating Instructor Duty, Other. (Be specific) SEA DUTY DUTIES OF RATE		42. Signature of Rater (Typed Name & Rate): (b)(6)		42. Signature of Rater (Typed Name & Rate): I have evaluated this member against the above of marks 1.0 and 5.0. Date: 6-28-00	
43. COMMENTS ON PERFORMANCE: * All 5.0 and 1.0 marks must be specifically substantiated in comments. Comments must be verifiable. Bold, underlined, italic, or other highlighted type is prohibited. Font must be 10 or 12 Pitch (10 or 12 point) only. Use upper and lower case.							
44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.							
Promotion Recommendation	NOB	Significant Problems	Progressing	Promotable	Must Promote	Early Promote	47. Retention: Not Recommended <input type="checkbox"/> Recommended <input checked="" type="checkbox"/>
45. INDIVIDUAL				X			48. Reporting Senior Address COMMANDER
46. SUMMARY	<input checked="" type="checkbox"/>	1	1	29	16	4	NAVAL MEDICAL CENTER PORTSMOUTH, VA 23708-2197
49. Signature of Senior Rater (Typed Name & Grade/Rate): I have reviewed the evaluation of this member against these performance standards and have provided written explanation to support the marks of 1.0 and 5.0. (b)(6)				50. Signature of Reporting Senior (b)(6)			
51. Signature of Individual Evaluated. "I have seen this report, been apprised of my performance, and understand my right to submit a statement." I intend to submit a statement. <input type="checkbox"/> I do not intend to submit a statement. <input checked="" type="checkbox"/> Date: 11 July 00				Date: 27 June 00			

EVALUATION REPORT & COUNSELING RECORD (E1-E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) DAM, DUC V			2. Rate HN		3. Des		4. SSN (b)(6)		
5. ACT <input checked="" type="checkbox"/>		TAR <input type="checkbox"/>		INACT <input type="checkbox"/>		AT/ADSW/ 265		6. UIC 00183	
7. Ship/Station NAVMEDCEN PORTS VA				8. Promotion Status REGULAR		9. Date Reported 00MAR15			
Occasion for Report 10. Periodic <input type="checkbox"/>		Detachment 11. of Individual <input checked="" type="checkbox"/>		Promotion/ 12. Frocking <input type="checkbox"/>		13. Special <input type="checkbox"/>		Period of Report 14. From: 01JUL15 15. To: 02APR 10	
16. Not Observed Report <input type="checkbox"/>		Type of Report 17. Regular <input checked="" type="checkbox"/>		18. Concurrent <input type="checkbox"/>		19. <input type="checkbox"/>		20. Physical Readiness P/WS	
22. Reporting Senior (Last, FI MI) (b)(6)		23. Grade HMCM		24. Desig		25. Title DIR SEL		26. UIC 00183	
								27. SSN (b)(6)	

28. Command employment and command achievements.

Maintains operational readiness of fighting forces. Provides accessible, comprehensive, high quality healthcare. Prevents illness and injury, promotes wellness and health. Operates a healthcare education center of excellence.

29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.)

SURGICAL TECH PRI: Surgical Technologist (HM8483)-9. Responsibilities include: scrubbing and circulating surgical procedures; decontamination, processing, and preparation of instrumentation for sterilization; staging and pulling of instrumentation and consumables for the next days cases. Labor and Delivery. WATCH: MOR-9.

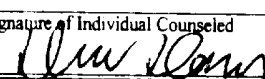
For Mid-term Counseling Use. (When completing EVAL, enter 30 and 31 from counseling record, sign 32.)

30. Date Counseled
02JAN09

31. Counselor

(b)(6)

32. Signature of Individual Counseled



PERFORMANCE TRAITS: 1.0 - Below standards/not progressing or UNSAT in any one standard; 2.0 - Does not yet meet all 3.0 standards; 3.0 - Meets all 3.0 standards; 4.0 - Exceeds most 3.0 standards; 5.0 - Meets overall criteria and most of the specific standards for 5.0. Standards are not all inclusive.

PERFORMANCE TRAITS	1.0* Below Standards	2.0 Pro- gressing	3.0 Meets Standards	4.0 Above Standards	5.0* Greatly Exceeds Standards
33. PROFESSIONAL KNOWLEDGE: Technical knowledge and practical application. NOB <input type="checkbox"/>	- Marginal knowledge of rating, specialty or job. - Unable to apply knowledge to solve routine problems. - Fails to meet advancement/PQS requirements.	-	- Strong working knowledge of rating, specialty and job. - Reliably applies knowledge to accomplish tasks. - Meets advancement/PQS requirements on time.	-	- Recognized expert, sought out by all for technical knowledge. - Uses knowledge to solve complex technical problems. - Meets advancement/PQS requirements early/with distinction.
34. QUALITY OF WORK: Standard of work; value of end product. NOB <input type="checkbox"/>	- Needs excessive supervision. - Product frequently needs rework. - Wasteful of resources.	-	- Needs little supervision. - Produces quality work. Few errors and resulting rework. - Uses resources efficiently.	-	- Needs no supervision. - Always produces exceptional work. No rework required. - Maximizes resources.
35. EQUAL OPPORTUNITY: Fairness, respect for human worth. NOB <input type="checkbox"/>	- Displays personal bias or engages in harassment. - Tolerates bias, unfairness or harassment in subordinates. - Lacks respect for EO objectives. - Interferes with order and discipline by disregarding rights of others.	-	- Always treats others with fairness and respect. - Does not condone bias or harassment in or outside of workplace. - Supports Navy EO objectives. - Contributes to unit cohesiveness and morale.	-	- Admired for fairness and human respect. - Ensures a climate of fairness and respect for human worth. - Pro-active EO leader, achieves concrete EO objectives. - Leader and model contributor to unit cohesiveness and morale.
36. MILITARY BEARING/ CHARACTER: Appearance, conduct, physical fitness, adherence to Navy Core Values. NOB <input type="checkbox"/>	- Consistently unsat appearance. - Unsatisfactory demeanor/conduct. - Unable to meet one or more physical readiness standards. - Fails to live up to one or more Navy Core Values: HONOR, COURAGE, COMMITMENT.	-	- Excellent personal appearance. - Excellent demeanor or conduct. - Complies with physical readiness program, within all standards. - Always lives up to Navy Core Values: HONOR, COURAGE, COMMITMENT.	-	- Exemplary personal appearance. - Exemplary representative of Navy. - A leader in physical readiness. - Exemplifies Navy Core Values: HONOR, COURAGE, COMMITMENT.
37. PERSONAL JOB ACCOMPLISHMENT/ INITIATIVE: Responsibility, quantity of work. NOB <input type="checkbox"/>	- Needs prodding to attain qualification or finish job. - Prioritizes poorly. - Avoids responsibility.	-	- Productive and motivated. Completes tasks and qualifications fully and on time. - Plans/prioritizes effectively. - Reliable, dependable, willingly accepts responsibility.	-	- Energetic self-starter. Completes tasks or qualifications early, far better than expected. - Plans/prioritizes with exceptional skill and foresight. - Seeks extra responsibility and takes on the hardest jobs.

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) DAM, DUC V		2. Rate HN		3. Desig		4. SSN (b)(6)	
PERFORMANCE TRAITS	1.0* Below Standards	2.0 Pro- gressing	3.0 Meets Standards	4.0 Above Standards	5.0* Greatly Exceeds Standards		
38. TEAMWORK: Contributions to team building and team results NOB <input type="checkbox"/>	- Creates conflict, unwilling to work with others, puts self above team. - Fails to understand team goals or teamwork techniques. - Does not take direction well.	<input type="checkbox"/>	- Reinforces others' efforts, meets commitments to team. - Understands goals, employs good teamwork techniques. - Accepts and offers team direction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	- Team builder, inspires cooperation and progress. - Focuses goals and techniques for teams. - The best at accepting and offering team direction.	
39. LEADERSHIP: (Optional for E1-E3) Organizing, motivating and developing others to accomplish goals. NOB <input checked="" type="checkbox"/>	- Fails to motivate, train or develop subordinates. - Fails to organize, creates problems for subordinates. - Does not set or achieve goals relevant to command mission. - Lacks ability to cope with or tolerate stress. - Inadequate communicator. - Tolerates hazards or unsafe practices. - Does not attend to welfare of subordinates.	<input type="checkbox"/>	- Effectively motivates, trains and develops subordinates. - Organizes successfully, solves problems as they occur. - Sets/achieves useful, realistic goals which support command mission. - Performs and leads effectively in stressful situations. - Clear, timely communicator. - Ensures safety of personnel and equipment. - Routinely considers subordinates' personal and professional welfare.	<input type="checkbox"/>	<input type="checkbox"/>	- Inspiring motivator and trainer, consistently builds winners. - Superb organizer, great foresight, gets ahead of problems. - Leadership achievements significantly furthers command mission. - Perseveres through the toughest challenges and inspires others. - Exceptional communicator. - Makes subordinates safety-conscious, has top safety record. - Constantly improves the personal and professional lives of others.	
40. Individual Trait Avg. total of trait scores divided by number of graded traits. 3.67		41. I recommend this individual for (maximum of two): Assignment in Rating, Sea Special Programs, Shore Special Programs, Commissioning Programs, Special Warfare Programs, Rating Instructor Duty, Other. (Be specific) SEA DUTY MECP		(b)(6)		42. This member against the above marks 1.0 and 5.0. Date: 4/5/02	
<p>43. COMMENTS ON PERFORMANCE: * All 5.0 and 1.0 marks must be specifically substantiated in comments. Comments must be verifiable. Bold, underlined, italic, or other highlighted type is prohibited. Font must be 10 or 12 Pitch (10 or 12 point) only. Use upper and lower case.</p> <p>This eval submitted on the occasion of members transfer to 1st FSSG Camp Pendleton, California</p> <p>33. Quickly mastered the skills required of an offshift technologist and displayed substantial knowledge of all surgical services. Sought out for his knowledge of the Central Processing Department normally given to a higher ranking member. Maintained high accuracy and attention to detail in pulling gear for the next day's cases along with the Alpha division nightly inventory. He greatly increased the efficiency and effectiveness of this time consuming process which resulted in the surgical suite attaining the highest level of patient care and consumer satisfaction.</p> <p>36. Scored an excellent on the Fall PRT. Maintains exceptional military appearance.</p> <p>37. Always seeks out additional tasks to complete end of day duties. A highly motivated self-starter, consistently strives for quality improvement of the surgical suite results in optimal patient care. Works to instill that philosophy in his shipmates.</p>							
<p>44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.</p> <p>Student Tidewater Comm. College; member Fleet Reserve Assoc.; supporter American Diabetes Assoc.; volunteer Fall and Harbor Festivals; Good Conduct Medal.</p>							
Promotion Recommendation	NOB	Significant Problems	Progressing	Promotable	Must Promote	Early Promote	47. Retention: Not Recommended <input type="checkbox"/> Recommended <input checked="" type="checkbox"/>
45. INDIVIDUAL					X		48. Reporting Senior Address REPARATIVE CARE SERVICES NAVAL MEDICAL CENTER PORTSMOUTH, VA 23708-2197
46. SUMMARY		0	0	0	1	0	
49. Signature of Senior Rater (Typed Name & Grade/Rate): I have reviewed the evaluation of this member against these performance standards and the explanation to support the marks of 1.0 and 5.0. (b)(6) Date: 4-5-02					50. Signature of Reporting Senior (b)(6) Date: 7 April 02		
51. Signature of Individual Evaluated. "I have seen this report, been apprised of my performance, and understand my right to submit a statement." I intend to submit a statement. <input type="checkbox"/> I do not intend to submit a statement. <input checked="" type="checkbox"/> Date: 9 APR 02					52. Reporting Senior on Concurrent Report Date:		

EVALUATION REPORT COUNSELING RECORD (E1-E)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) DAM, DUC V				2. Rate HN		3. Desig		4. SSN (b)(6)			
5. ACT <input checked="" type="checkbox"/> TAR <input type="checkbox"/> INACT <input type="checkbox"/> AT/ADSW/ <input type="checkbox"/> 265		6. UIC 67446		7. Ship/Station 1ST MEDBN 1ST FSSG			8. Promotion Status REGULAR		9. Date Reported 02MAY15		
Occasion for Report 10. Periodic <input checked="" type="checkbox"/> 11. Detachment of Individual <input type="checkbox"/> 12. Promotion/Frocking <input type="checkbox"/> 13. Special <input type="checkbox"/>			Period of Report 14. From: 02APR11 15. To: 02JUL15								
16. Not Observed Report <input checked="" type="checkbox"/>		Type of Report 17. Regular <input checked="" type="checkbox"/> 18. Concurrent <input type="checkbox"/> 19. <input type="checkbox"/>		20. Physical Readiness P/WS		21. Billet Subcategory (if any) NA					
22. Reporting Senior (Last, FI MI) (b)(6)		23. Grade ENS		24. Desig 2305		25. Title "A" COMPANY CO		26. UIC 67446		27. SSN (b)(6)	
28. Command employment and command achievements. Provides health services support to the operating units of First Marine Expeditionary Force (I MEF).											
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) SURGICAL TECH PRI: Provides health service support for Alpha Surgical Company-2. WATCH: ADNCO, Battalion Phonewatch-2.											
For Mid-term Counseling Use. (When completing EVAL, enter 30 and 31 from counseling record, sign 32.)				30. Date Counseled NOT REQ		31. Counselor		32. Signature of Individual Counseled			
PERFORMANCE TRAITS: 1.0 - Below standards/not progressing or UNSAT in any one standard; 2.0 - Does not yet meet all 3.0 standards; 3.0 - Meets all 3.0 standards; 4.0 - Exceeds most 3.0 standards; 5.0 - Meets overall criteria and most of the specific standards for 5.0. Standards are not all inclusive.											
PERFORMANCE TRAITS	1.0* Below Standards	2.0 Pro- gressing	3.0 Meets Standards	4.0 Above Standards	5.0* Greatly Exceeds Standards						
33. PROFESSIONAL KNOWLEDGE: Technical knowledge and practical application. NOB <input checked="" type="checkbox"/>	- Marginal knowledge of rating, specialty or job. - Unable to apply knowledge to solve routine problems. - Fails to meet advancement/PQS requirements.	- <input type="checkbox"/>	- Strong working knowledge of rating, specialty and job. - Reliably applies knowledge to accomplish tasks. - Meets advancement/PQS requirements on time.	- <input type="checkbox"/>	- Recognized expert, sought out by all for technical knowledge. - Uses knowledge to solve complex technical problems. - Meets advancement/PQS requirements early/with distinction.						
34. QUALITY OF WORK: Standard of work; value of end product. NOB <input checked="" type="checkbox"/>	- Needs excessive supervision. - Product frequently needs rework. - Wasteful of resources.	- <input type="checkbox"/>	- Needs little supervision. - Produces quality work. Few errors and resulting rework. - Uses resources efficiently.	- <input type="checkbox"/>	- Needs no supervision. - Always produces exceptional work. No rework required. - Maximizes resources.						
35. EQUAL OPPORTUNITY: Fairness, respect for human worth. NOB <input checked="" type="checkbox"/>	- Displays personal bias or engages in harassment. - Tolerates bias, unfairness or harassment in subordinates. - Lacks respect for EO objectives. - Interferes with order and discipline by disregarding rights of others.	- <input type="checkbox"/>	- Always treats others with fairness and respect. - Does not condone bias or harassment in or outside of workplace. - Supports Navy EO objectives. - Contributes to unit cohesiveness and morale.	- <input type="checkbox"/>	- Admired for fairness and human respect. - Ensures a climate of fairness and respect for human worth. - Pro-active EO leader, achieves concrete EO objectives. - Leader and model contributor to unit cohesiveness and morale.						
36. MILITARY BEARING/CHARACTER: Appearance, conduct, physical fitness, adherence to Navy Core Values. NOB <input checked="" type="checkbox"/>	- Consistently unsat appearance. - Unsatisfactory demeanor/conduct. - Unable to meet one or more physical readiness standards. - Fails to live up to one or more Navy Core Values: HONOR, COURAGE, COMMITMENT.	- <input type="checkbox"/>	- Excellent personal appearance. - Excellent demeanor or conduct. - Complies with physical readiness program, within all standards. - Always lives up to Navy Core Values: HONOR, COURAGE, COMMITMENT.	- <input type="checkbox"/>	- Exemplary personal appearance. - Exemplary representative of Navy. - A leader in physical readiness. - Exemplifies Navy Core Values: HONOR, COURAGE, COMMITMENT.						
37. PERSONAL JOB ACCOMPLISHMENT/INITIATIVE: Responsibility, quantity of work. NOB <input checked="" type="checkbox"/>	- Needs prodding to attain qualification or finish job. - Prioritizes poorly. - Avoids responsibility.	- <input type="checkbox"/>	- Productive and motivated. Completes tasks and qualifications fully and on time. - Plans/prioritizes effectively. - Reliable, dependable, willingly accepts responsibility.	- <input type="checkbox"/>	- Energetic self-starter. Completes tasks or qualifications early, far better than expected. - Plans/prioritizes with exceptional skill and foresight. - Seeks extra responsibility and takes on the hardest jobs.						

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) DAM, DUC V		2. Rate HN		3. Desig		4. SSN (b)(6)	
PERFORMANCE TRAITS	1.0* Below Standards	2.0 Pro- gressing	3.0 Meets Standards		4.0 Above Standards	5.0* Greatly Exceeds Standards	
38. TEAMWORK: Contributions to team building and team results NOB <input checked="" type="checkbox"/>	- Creates conflict, unwilling to work with others, puts self above team. - Fails to understand team goals or teamwork techniques. - Does not take direction well.	-	- Reinforces others' efforts, meets commitments to team. - Understands goals, employs good teamwork techniques. - Accepts and offers team direction.		-	- Team builder, inspires cooperation and progress. - Focuses goals and techniques for teams. - The best at accepting and offering team direction.	
39. LEADERSHIP: (Optional for E1-E3) Organizing, motivating and developing others to accomplish goals. NOB <input checked="" type="checkbox"/>	- Fails to motivate, train or develop subordinates. - Fails to organize, creates problems for subordinates. - Does not set or achieve goals relevant to command mission. - Lacks ability to cope with or tolerate stress. - Inadequate communicator. - Tolerates hazards or unsafe practices. - Does not attend to welfare of subordinates.	-	- Effectively motivates, trains and develops subordinates. - Organizes successfully, solves problems as they occur. - Sets/achieves useful, realistic goals which support command mission. - Performs and leads effectively in stressful situations. - Clear, timely communicator. - Ensures safety of personnel and equipment. - Routinely considers subordinates' personal and professional welfare.		-	- Inspiring motivator and trainer, consistently builds winners. - Superb organizer, great foresight, gets ahead of problems. - Leadership achievements significantly furthers command mission. - Perseveres through the toughest challenges and inspires others. - Exceptional communicator. - Makes subordinates safety-conscious, has top safety record. - Constantly improves the personal and professional lives of others.	
40. Individual Trait Avg total of trait scores divided by number of graded traits.	41. I recommend this individual for (maximum of two): Assignment in Rating, Sea Special Programs, Shore Special Programs, Commissioning Programs, Special Warfare Programs, Rating Instructor Duty, Other: (Be specific) MECP		42. Signature of Rater (Typed Name & Rate): I have evaluated this member against the above n of marks 1.0 and 5.0. (b)(6)		Date: 2 JUL 02		
43. COMMENTS ON PERFORMANCE: * All 5.0 and 1.0 marks must be specifically substantiated in comments. Comments must be verifiable. Bold, underlined, italic, or other highlighted type is prohibited. Font must be 10 or 12 Pitch (10 or 12 point) only. Use upper and lower case. Member on board less than 90 days.							
44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.							
Promotion Recommendation	NOB	Significant Problems	Progressing	Promotable	Must Promote	Early Promote	47. Retention: Not Recommended <input type="checkbox"/> Recommended <input checked="" type="checkbox"/>
45. INDIVIDUAL	X						48. Reporting Senior Address 1ST MEDICAL BATTALION 1ST FSSG, MARFORPAC CAMP PENDLETON, CA 92055
46. SUMMARY	<input checked="" type="checkbox"/>						
49. Signature of Senior Rater (Typed Name & Grade/Rate): I have reviewed the evaluation of this member against these performance standards and have provided written explanation to support the marks of 1.0 and 5.0. (b)(6) Date: 02 Jul 02							
50. Signature of Individual Evaluated: I have seen this report, been apprised of my performance, and understand my right to submit a statement. I intend to submit a statement. <input type="checkbox"/> I do not intend to submit a statement. <input checked="" type="checkbox"/> Date: 2 Jul 02							
51. Signature of Reporting Senior on Concurrent Report Date:							

EVALUATION REPORT, COUNSELING RECORD (E1-E)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) DAM, DUC V				2. Rate HN		3. Design FMF		4. SSN (b)(6)	
5. ACT <input checked="" type="checkbox"/>		TAR <input type="checkbox"/>		INACT <input type="checkbox"/>		AT/ADSW/ 265 <input type="checkbox"/>		6. UIC 67446	
7. Ship/Station 1ST MEDBN 1ST FSSG				8. Promotion Status REGULAR		9. Date Reported 02MAY15			
10. Periodic <input type="checkbox"/>		11. Detachment of Individual <input type="checkbox"/>		12. Promotion/ Frocking <input type="checkbox"/>		13. Special <input checked="" type="checkbox"/>		14. Period of Report From: 02MAY15 To: 02AUG31	
16. Not Observed Report <input type="checkbox"/>		17. Type of Report Regular <input checked="" type="checkbox"/>		18. Concurrent <input type="checkbox"/>		19. <input type="checkbox"/>		20. Physical Readiness P/WS	
21. Billet Subcategory (if any) NA		22. Reporting Senior (Last, FI MI) (b)(6)		23. Grade ENS		24. Desig 2305		25. Title COMPANY CDR	
26. UIC 67446		27. SSN (b)(6)		28. Command employment and command achievements. Provides health services support to the operating units of the First Marine Expeditionary Force (I MEF)					
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) SURGICAL TECH PRI: Provides health service support for Alpha Surgical Company-03. WATCH: ADNCO-03.									
For Mid-term Counseling Use. (When completing EVAL, enter 30 and 31 from counseling record, sign 32.)				30. Date Counseled NOT REQ		31. Counselor		32. Signature of Individual Counseled	
PERFORMANCE TRAITS: 1.0 - Below standards/not progressing or UNSAT in any one standard; 2.0 - Does not yet meet all 3.0 standards; 3.0 - Meets all 3.0 standards; 4.0 - Exceeds most 3.0 standards; 5.0 - Meets overall criteria and most of the specific standards for 5.0. Standards are not all inclusive.									
PERFORMANCE TRAITS	1.0* Below Standards	2.0 Pro- gressing	3.0 Meets Standards	4.0 Above Standards	5.0* Greatly Exceeds Standards				
33. PROFESSIONAL KNOWLEDGE: Technical knowledge and practical application. NOB <input type="checkbox"/>	- Marginal knowledge of rating, specialty or job. - Unable to apply knowledge to solve routine problems. - Fails to meet advancement/PQS requirements.	- <input type="checkbox"/>	- Strong working knowledge of rating, specialty and job. - Reliably applies knowledge to accomplish tasks. - Meets advancement/PQS requirements on time.	- <input checked="" type="checkbox"/>	- Recognized expert, sought out by all for technical knowledge. - Uses knowledge to solve complex technical problems. - Meets advancement/PQS requirements early/with distinction.				
34. QUALITY OF WORK: Standard of work; value of end product. NOB <input type="checkbox"/>	- Needs excessive supervision. - Product frequently needs rework. - Wasteful of resources.	- <input type="checkbox"/>	- Needs little supervision. - Produces quality work. Few errors and resulting rework. - Uses resources efficiently.	- <input checked="" type="checkbox"/>	- Needs no supervision. - Always produces exceptional work. No rework required. - Maximizes resources.				
35. EQUAL OPPORTUNITY: Fairness, respect for human worth. NOB <input type="checkbox"/>	- Displays personal bias or engages in harassment. - Tolerates bias, unfairness or harassment in subordinates. - Lacks respect for EO objectives. - Interferes with order and discipline by disregarding rights of others.	- <input type="checkbox"/>	- Always treats others with fairness and respect. - Does not condone bias or harassment in or outside of workplace. - Supports Navy EO objectives. - Contributes to unit cohesiveness and morale.	- <input checked="" type="checkbox"/>	- Admired for fairness and human respect. - Ensures a climate of fairness and respect for human worth. - Pro-active EO leader, achieves concrete EO objectives. - Leader and model contributor to unit cohesiveness and morale.				
36. MILITARY BEARING/ CHARACTER: Appearance, conduct, physical fitness, adherence to Navy Core Values. NOB <input type="checkbox"/>	- Consistently unsat appearance. - Unsatisfactory demeanor/conduct. - Unable to meet one or more physical readiness standards. - Fails to live up to one or more Navy Core Values: HONOR, COURAGE, COMMITMENT.	- <input type="checkbox"/>	- Excellent personal appearance. - Excellent demeanor or conduct. - Complies with physical readiness program, within all standards. - Always lives up to Navy Core Values: HONOR, COURAGE, COMMITMENT.	- <input checked="" type="checkbox"/>	- Exemplary personal appearance. - Exemplary representative of Navy. - A leader in physical readiness. - Exemplifies Navy Core Values: HONOR, COURAGE, COMMITMENT.				
37. PERSONAL JOB ACCOMPLISHMENT/ INITIATIVE: Responsibility, quantity of work. NOB <input type="checkbox"/>	- Needs prodding to attain qualification or finish job. - Prioritizes poorly. - Avoids responsibility.	- <input type="checkbox"/>	- Productive and motivated. Completes tasks and qualifications fully and on time. - Plans/prioritizes effectively. - Reliable, dependable, willingly accepts responsibility.	- <input checked="" type="checkbox"/>	- Energetic self-starter. Completes tasks or qualifications early, far better than expected. - Plans/prioritizes with exceptional skill and foresight. - Seeks extra responsibility and takes on the hardest jobs.				

EVALUATION REPORT COUNSELING RECORD (E1-E3) (cont'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix)

DAM, DUC V

2. Rate
HN

3. L
FMF

4. SSN

(b)(6)

PERFORMANCE TRAITS	1.0* Below Standards	2.0 Pro- gressing	3.0 Meets Standards	4.0 Above Standards	5.0* Greatly Exceeds Standards
38. TEAMWORK: Contributions to team building and team results NOB <input type="checkbox"/>	- Creates conflict, unwilling to work with others, puts self above team. - Fails to understand team goals or teamwork techniques. - Does not take direction well.	-	- Reinforces others' efforts, meets commitments to team. - Understands goals, employs good teamwork techniques. - Accepts and offers team direction.	-	- Team builder, inspires cooperation and progress. - Focuses goals and techniques for teams. - The best at accepting and offering team direction.
39. LEADERSHIP: (Optional for E1-E3) Organizing, motivating and developing others to accomplish goals. NOB <input checked="" type="checkbox"/>	- Fails to motivate, train or develop subordinates. - Fails to organize, creates problems for subordinates. - Does not set or achieve goals relevant to command mission. - Lacks ability to cope with or tolerate stress. - Inadequate communicator. - Tolerates hazards or unsafe practices. - Does not attend to welfare of subordinates.	-	- Effectively motivates, trains and develops subordinates. - Organizes successfully, solves problems as they occur. - Sets/achieves useful, realistic goals which support command mission. - Performs and leads effectively in stressful situations. - Clear, timely communicator. - Ensures safety of personnel and equipment. - Routinely considers subordinates' personal and professional welfare.	-	- Inspiring motivator and trainer, consistently builds winners. - Superb organizer, great foresight, gets ahead of problems. - Leadership achievements significantly furthers command mission. - Perseveres through the toughest challenges and inspires others. - Exceptional communicator. - Makes subordinates safety-conscious, has top safety record. - Constantly improves the personal and professional lives of others.

40. Individual Trait Avg.
total of trait scores divided by
number of graded traits.

3.17

41. I recommend this individual for (maximum of two): Assignment in Rating, Sea Special Programs, Shore Special Programs, Commissioning Programs, Special Warfare Programs, Rating Instructor Duty, Other. (Be specific)

MECP

42. Signature of Reporting Senior

(b)(6)

43. I have evaluated this member against the above explanation of marks 1.0 and 5.0.

13 Aug 02

Date:

(FMF)

43. COMMENTS ON PERFORMANCE: * All 5.0 and 1.0 marks must be specifically substantiated in comments. Comments must be verifiable. Bold, underlined, italic, or other highlighted type is prohibited. Font must be 10 or 12 Pitch (10 or 12 point) only. Use upper and lower case.

This special evaluation is submitted to establish a Performance Mark Average (PMA) for the Navy Wide Advancement Examination.
-During Bravo's MAPEX-02, he was actively involved in pre Limited Technical Inspection of medical equipment and supplies. His direct efforts were responsible for 100% accountability. OR Team, recognized expert, his technical knowledge greatly enhanced the Operating Room section to run smoothly.

44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.

Qualified: FMF Warfare Specialist, 9mm pistol (expert), PHTLS, Attended CST (Combat Skills Training) course.

Promotion Recommendation	NOB	Significant Problems	Progressing	Promotable	Must Promote	Early Promote	47. Retention: Not Recommended <input type="checkbox"/> Recommended <input checked="" type="checkbox"/>
45. INDIVIDUAL					X		48. Reporting Senior Address 1ST MEDICAL BATTALION 1ST FSSG, MARFORPAC CAMP PEDLETON, CA 92055
46. SUMMARY	<input checked="" type="checkbox"/>	0	0	0	1	0	

49. I have reviewed the evaluation of this member and written explanation to support the marks of 1.0 and 5.0.

(b)(6)

Date: 13 AUG 02

50. Signature of Reporting Senior

Date:

51. I have seen this report, been apprised of my rating, and I intend to submit a statement.

I intend to submit a statement. ☐

I do not intend to submit a statement. ☒

Date: 13 Aug 02

52. Type name, grade, command, UIC, and signature of regular Reporting Senior on Concurrent Report

Date:

EVALUATION REPORT COUNSELING RECORD (E1-E)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) DAM, DUC V				2. Rate HM3		3. Des FMF		4. SSN (b)(6)			
5. ACT <input checked="" type="checkbox"/> TAR <input type="checkbox"/> INACT <input type="checkbox"/> AT/ADSW/ 265		6. UIC 67446		7. Ship/Station 1ST FSSG, CAMP PEN			8. Promotion Status REGULAR		9. Date Reported 03JAN10		
Occasion for Report 10. Periodic <input checked="" type="checkbox"/> 11. Detachment of Individual <input checked="" type="checkbox"/> 12. Promotion/Frocking <input type="checkbox"/> 13. Special <input type="checkbox"/>		Period of Report 14. From: 03JAN11 15. To: 03JUN15									
16. Not Observed Report <input type="checkbox"/> 17. Type of Report Regular <input checked="" type="checkbox"/> 18. Concurrent <input type="checkbox"/>		20. Physical Readiness P/WS		21. Billet Subcategory (if any) NA							
22. Reporting Senior (Last, FI MI) (b)(6)		23. Grade LTCOL		24. Desig 0402		25. Title XO		26. UIC 42387		27. SSN (b)(6)	
28. Command employment and command achievements. Provides health service to support Fleet Marine Force units of the First Marine Expeditionary Force. Deployed in support of Operating Freedom/Iraqi Freedom.											
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) FIELD MED TECH Supply Petty Officer, reorder and maintained accountability of all medical supplies for 1st Transportation Support Group, Battalion Aid Station for over 1700 Marines, Soldiers and Sailors-5. WATCH: Duty Corpsman-5.											
For Mid-term Counseling Use. (When completing EVAL, enter 30 and 31 from counseling worksheet, sign 32.)				30. Date Counseled NOT REQ		31. Counselor		32. Signature of Individual Counseled			

PERFORMANCE TRAITS: 1.0 - Below standards/not progressing or UNSAT in any one standard; 2.0 - Does not yet meet all 3.0 standards; 3.0 - Meets all 3.0 standards; 4.0 - Exceeds most 3.0 standards; 5.0 - Meets overall criteria and most of the specific standards for 5.0. Standards are not all inclusive.

PERFORMANCE TRAITS	1.0* Below Standards	2.0 Pro- gressing	3.0 Meets Standards	4.0 Above Standards	5.0 Greatly Exceeds Standards
33. PROFESSIONAL KNOWLEDGE: Technical knowledge and practical application NOB <input type="checkbox"/>	- Marginal knowledge of rating, specialty or job. - Unable to apply knowledge to solve routine problems. - Fails to meet advancement/PQS requirements.	-	- Strong working knowledge of rating, specialty and job. - Reliably applies knowledge to accomplish tasks. - Meets advancement/PQS requirements on time.	- <input checked="" type="checkbox"/>	- Recognized expert, sought out by all for technical knowledge. - Uses knowledge to solve complex technical problems. - Meets advancement/PQS requirements early/with distinction
34. QUALITY OF WORK: Standard of work; value of end product. NOB <input type="checkbox"/>	- Needs excessive supervision. - Product frequently needs rework. - Wasteful of resources.	-	- Needs little supervision. - Produces quality work. Few errors and resulting rework. - Uses resources efficiently.	- <input checked="" type="checkbox"/>	- Needs no supervision. - Always produces exceptional work. No rework required. - Maximizes resources.
35. COMMAND OR ORGANIZATIONAL CLIMATE/EQUAL OPPORTUNITY: Contributing to growth and development, human worth, community. NOB <input type="checkbox"/>	- Actions counter to Navy's retention/reenlistment goals. - Uninvolved with mentoring or professional development of subordinates. - Actions counter to good order and discipline and negatively affect Command/Organizational climate. - Demonstrates exclusionary behavior. Fails to value differences from cultural diversity.	-	- Positive leadership supports Navy's increased retention goals. Active in decreasing attrition. - Actions adequately encourage/support subordinates' personal/professional growth. - Demonstrates appreciation for contributions of Navy personnel. Positive influence on Command climate. - Values differences as strengths. Fosters atmosphere of acceptance/inclusion per EO/EEO policy.	- <input checked="" type="checkbox"/>	- Measurably contributes to Navy's increased retention and reduced attrition objectives. - Proactive leader/exemplary mentor. Involved in subordinates' personal development leading to professional growth/sustained commitment. - Initiates support programs for military, civilian, and families to achieve exceptional Command and Organizational climate. - The model of achievement. Develops unit cohesion by valuing differences as strengths.
36. MILITARY BEARING/CHARACTER: Appearance, conduct physical fitness, adherence to Navy Core Values. NOB <input type="checkbox"/>	- Consistently unsatisfactory appearance. - Poor self-control, conduct resulting in disciplinary action. - Unable to meet one or more physical readiness standards. - Fails to live up to one or more Navy Core Values: HONOR, COURAGE, COMMITMENT.	-	- Excellent personal appearance. - Excellent conduct conscientiously complies with regulations. - Complies with physical readiness program. - Always lives up to Navy Core Values: HONOR, COURAGE, COMMITMENT.	- <input checked="" type="checkbox"/>	- Exemplary personal appearance. - Model of conduct, on and off duty. - A leader in physical readiness. - Exemplifies Navy Core Values: HONOR, COURAGE, COMMITMENT.
37. PERSONAL JOB ACCOMPLISHMENT/INITIATIVE: Responsibility, quantity of work. NOB <input type="checkbox"/>	- Needs prodding to attain qualification or finish job. - Prioritizes poorly. - Avoids responsibility.	-	- Productive and motivated. Completes tasks and qualifications fully and on time. - Plans/prioritizes effectively. - Reliable, dependable, willingly accepts responsibility.	- <input checked="" type="checkbox"/>	- Energetic self-starter. Completes tasks or qualifications early, far better than expected. - Plans/prioritizes wisely and with exceptional foresight. - Seeks extra responsibility and takes on the hardest jobs.

EVALUATION REPORT COUNSELING RECORD (E1-E4) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) DAM, DUC V				2. Rate HM3		3. D. FMF		4. SSN (b)(6)	
PERFORMANCE TRAITS	1.0* Below Standards	2.0 Pro- gressing	3.0 Meets Standards		4.0 Above Standards	5.0 Greatly Exceeds Standards			
38. TEAMWORK: Contributions to team building and team results NOB <input type="checkbox"/>	- Creates conflict, unwilling to work with others, puts self above team. - Fails to understand team goals or teamwork techniques. - Does not take direction well.	<input type="checkbox"/>	- Reinforces others' efforts, meets commitments to team. - Understands goals, employs good teamwork techniques. - Accepts and offers team direction.		<input type="checkbox"/>	- Team builder, inspires cooperation and progress. - Focuses goals and techniques for teams - The best at accepting and offering team direction.			
39. LEADERSHIP: Organizing, motivating and developing others to accomplish goals. NOB <input checked="" type="checkbox"/>	- Neglects growth/development or welfare of subordinates. - Fails to organize, creates problems for subordinates. - Does not set or achieve goals relevant to command mission and vision. - Lacks ability to cope with or tolerate stress. - Inadequate communicator. - Tolerates hazards or unsafe practices	<input type="checkbox"/>	- Effectively stimulates growth/development in subordinates. - Organizes successfully, implementing process improvements and efficiencies. - Sets/achieves useful, realistic goals that support command mission. - Performs well in stressful situations - Clear, timely communicator. - Ensures safety of personnel and equipment.		<input type="checkbox"/>	- Inspiring motivator and trainer, subordinates reach highest level of growth and development. - Superb organizer, great foresight, develops process improvements and efficiencies - Leadership achievements dramatically further command mission and vision. - Perseveres through the toughest challenges and inspires others. - Exceptional communicator. - Makes subordinates safety-conscious, maintains top safety record. - Constantly improves the personal and professional lives of others.			
40. Individual Trait Avg. total of trait scores divided by number of graded traits. <input type="text" value="3.50"/>	41. I recommend this individual for (maximum of two): Assignment in Rating, Sea Special Programs, Shore Special Programs, Commissioning Programs, Special Warfare Programs, Rating Instructor Duty, Other. (Be specific) ADV C SCHOOL		SPECIAL PROGRAM		42. Signature of Rater (Typed Name & Rate): I have evaluated this member against the above performance standards and have forwarded written explanation of marks 1.0 and 5.0. (b)(6)		Date: 27/1/03 (SW)		
43. COMMENTS ON PERFORMANCE: * All 1.0 marks, three 2.0 marks, and 2.0 marks in Block 35 must be specifically substantiated in comments. Comments must be verifiable. Font must be 10 or 12 Pitch (10 or 12 point) only. Use upper and lower case. - Deployed to South West Asia in support of Operation Enduring Freedom and combat operations during Operation Iraqi Freedom from 03 Jan 11-03 Jun 15. - Provided outstanding medical support for over 30 tactical convoys into IAS Basilone, Anderson, Chesty and Viper under hostile environment. - Assisted with compiling and tracking immunization data for over 1000 personnel with 100% compliance. - Organized Limited Technical Inspection (LTI) on 32 AMAL blocks and NBC medications for embarkation valued at over 500K. - Ordered and inventoried supplies maintaining 100% supply accountability. - Direct liason with Camp Doha to obtain gas mask inserts and prescription eyeglasses improving mission readiness. - Collaborated with other battallion aid station in obtaining much needed medical supplies alleviating shortfalls.									
44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.									
Promotion Recommendation	NOB	Significant Problems	Progressing	Promotable	Must Promote	Early Promote	47. Retention: Not Recommended <input type="checkbox"/> Recommended <input checked="" type="checkbox"/>		
45. INDIVIDUAL					X		48. Reporting Senior Address 1ST TRANSPORTATION SUPPORT GROUP, 1ST FSSG CAMP PENDLETON, CA 92055		
46. SUMMARY	<input checked="" type="checkbox"/>	0	0	0	6	1			
49. Signature of Senior Rater (Typed Name & Grade/Rate): I have reviewed the evaluation of this member against these performance standards and have provided written explanation to support the marks of 1.0 and 5.0. Date:						50. (b)(6) Summary Group Average: Date: 31 Jul 03			
51. Signature of Individual Evaluated. "I have seen this report, been apprised of my performance, and understand my right to submit a statement." I intend to submit a statement. <input type="checkbox"/> I do not intend to submit a statement. <input checked="" type="checkbox"/> Date:						52. Type name, grade, command, UIC, and signature of Regular Reporting Senior on Concurrent Report Date:			

EVALUATION REPORT & COUNSELING RECORD (E1-E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) DAM, DUC V				2. Rate HM3		3. Desig FMF		4. SSN (b)(6)			
5. ACT <input checked="" type="checkbox"/> TAR <input type="checkbox"/> INACT <input type="checkbox"/> AT/ADSW/265 <input type="checkbox"/>		6. UIC 67446		7. Ship/Station CSSG-15/SSTP			8. Promotion Status REGULAR		9. Date Reported 02MAY15		
Occasion for Report 10. Periodic <input checked="" type="checkbox"/> 11. of Individual <input type="checkbox"/> 12. Promotion/Frothing <input type="checkbox"/> 13. Special <input type="checkbox"/>			Period of Report 14. From: 03JUN16 15. To: 04JUN15								
16. Not Observed Report <input type="checkbox"/>		Type of Report 17. Regular <input checked="" type="checkbox"/> 18. Concurrent <input type="checkbox"/>			20. Physical Readiness P/WS		21. Billet Subcategory (if any) NA				
22. Reporting Senior (Last, FI MI) (b)(6)		23. Grade LT		24. Desig 2305		25. Title ADMIN OFFICER		26. UIC 67446		27. SSN (b)(6)	
28. Command employment and command achievements. Provides medical support to the operating units of First Marine Expeditionary Force (I MEF). Forward deployed in support of Operation Iraqi Freedom (OIF) II											
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) <div style="border: 1px solid black; display: inline-block; padding: 2px;">SURGICAL TECH</div> PRI: Surgical tech COLL: ALPO Central Processing and Sterilization. Supply petty officer operating room 1 & 3. WATCH: Patient watch-2, Comm watch-2. DNCO-7											
For Mid-term Counseling Use. (When completing EVAL, enter 30 and 31 from counseling worksheet, sign 32.)				30. Date Counseled NOT PERF		31. Counselor		32. Signature of Individual Counseled			

PERFORMANCE TRAITS: 1.0 - Below standards/not progressing or UNSAT in any one standard; 2.0 - Does not yet meet all 3.0 standards; 3.0 - Meets all 3.0 standards; 4.0 - Exceeds most 3.0 standards; 5.0 - Meets overall criteria and most of the specific standards for 5.0. Standards are not all inclusive.

PERFORMANCE TRAITS	1.0* Below Standards	2.0 Pro- gressing	3.0 Meets Standards	4.0 Above Standards	5.0 Greatly Exceeds Standards
33. PROFESSIONAL KNOWLEDGE: Technical knowledge and practical application NOB <input type="checkbox"/>	- Marginal knowledge of rating, specialty or job. - Unable to apply knowledge to solve routine problems. - Fails to meet advancement/PQS requirements.	-	- Strong working knowledge of rating, specialty and job. - Reliably applies knowledge to accomplish tasks. - Meets advancement/PQS requirements on time.	-	- Recognized expert, sought out by all for technical knowledge. - Uses knowledge to solve complex technical problems. - Meets advancement/PQS requirements early/with distinction
34. QUALITY OF WORK: Standard of work; value of end product. NOB <input type="checkbox"/>	- Needs excessive supervision. - Product frequently needs rework. - Wasteful of resources.	-	- Needs little supervision. - Produces quality work. Few errors and resulting rework. - Uses resources efficiently.	-	- Needs no supervision. - Always produces exceptional work. No rework required. - Maximizes resources.
35. COMMAND OR ORGANIZATIONAL CLIMATE/EQUAL OPPORTUNITY: Contributing to growth and development, human worth, community. NOB <input type="checkbox"/>	- Actions counter to Navy's retention/reenlistment goals. - Uninvolved with mentoring or professional development of subordinates. - Actions counter to good order and discipline and negatively affect Command/Organizational climate. - Demonstrates exclusionary behavior. Fails to value differences from cultural diversity.	-	- Positive leadership supports Navy's increased retention goals. Active in decreasing attrition. - Actions adequately encourage/support subordinates' personal/professional growth. - Demonstrates appreciation for contributions of Navy personnel. Positive influence on Command climate. - Values differences as strengths. Fosters atmosphere of acceptance/inclusion per EO/EEO policy.	-	- Measurably contributes to Navy's increased retention and reduced attrition objectives. - Proactive leader/exemplary mentor. Involved in subordinates' personal development leading to professional growth/sustained commitment. - Initiates support programs for military, civilian, and families to achieve exceptional Command and Organizational climate - The model of achievement. Develops unit cohesion by valuing differences as strengths.
36. MILITARY BEARING/CHARACTER: Appearance, conduct physical fitness, adherence to Navy Core Values. NOB <input type="checkbox"/>	- Consistently unsatisfactory appearance. - Poor self-control; conduct resulting in disciplinary action. - Unable to meet one or more physical readiness standards. - Fails to live up to one or more Navy Core Values: HONOR, COURAGE, COMMITMENT.	-	- Excellent personal appearance. - Excellent conduct conscientiously complies with regulations. - Complies with physical readiness program. - Always lives up to Navy Core Values: HONOR, COURAGE, COMMITMENT.	-	- Exemplary personal appearance. - Model of conduct, on and off duty. - A leader in physical readiness. - Exemplifies Navy Core Values: HONOR, COURAGE, COMMITMENT.
37. PERSONAL JOB ACCOMPLISHMENT/INITIATIVE: Responsibility, quantity of work. NOB <input type="checkbox"/>	- Needs prodding to attain qualification or finish job. - Prioritizes poorly. - Avoids responsibility.	-	- Productive and motivated. Completes tasks and qualifications fully and on time. - Plans/prioritizes effectively. - Reliable, dependable, willingly accepts responsibility.	-	- Energetic self-starter. Completes tasks or qualifications early, far better than expected. - Plans/prioritizes wisely and with exceptional foresight. - Seeks extra responsibility and takes on the hardest jobs.

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (Cont'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) DAM, DUC V			2. Rate HM3		3. Desig FMF		4. SSN (b)(6)								
PERFORMANCE TRAITS		1.0* Below Standards		2.0 Progressing		3.0 Meets Standards		4.0 Above Standards		5.0 Greatly Exceeds Standards					
38. TEAMWORK: Contributions to team building and team results NOB <input type="checkbox"/>		- Creates conflict, unwilling to work with others, puts self above team. - Fails to understand team goals or teamwork techniques. - Does not take direction well.				- Reinforces others' efforts, meets commitments to team. - Understands goals, employs good teamwork techniques. - Accepts and offers team direction.				- Team builder, inspires cooperation and progress. - Focuses goals and techniques for teams - The best at accepting and offering team direction.					
39. LEADERSHIP: Organizing, motivating and developing others to accomplish goals. NOB <input type="checkbox"/>		- Neglects growth/development or welfare of subordinates. - Fails to organize, creates problems for subordinates. - Does not set or achieve goals relevant to command mission and vision. - Lacks ability to cope with or tolerate stress. - Inadequate communicator. - Tolerates hazards or unsafe practices				- Effectively stimulates growth/development in subordinates. - Organizes successfully, implementing process improvements and efficiencies. - Sets/achieves useful, realistic goals that support command mission. - Performs well in stressful situations - Clear, timely communicator. - Ensures safety of personnel and equipment.				- Inspiring motivator and trainer, subordinates reach highest level of growth and development. - Superb organizer, great foresight, develops process improvements and efficiencies. - Leadership achievements dramatically further command mission and vision. - Perseveres through the toughest challenges and inspires others. - Exceptional communicator. - Makes subordinates safety-conscious, maintains top safety record. - Constantly improves the personal and professional lives of others.					
40. Individual Trait Avg. total of trait scores divided by number of graded traits. 3.29			41. I recommend this individual for (maximum of two): Assignment in Rating, Sea Special Programs, Shore Special Programs, Commissioning Programs, Special Warfare Programs, Rating Instructor Duty, Other. (Be specific) IN RATE ASSIGNMENT			42. Signature of Rater (Typed Name & Rate): I have evaluated this member against the above performance standards and have forwarded written explanation of marks 1.0 and 5.0. (b)(6) 12 July 04									
43. COMMENTS ON PERFORMANCE: * All 1.0 marks, three 2.0 marks, and 2.0 marks in Block 3 Font must be 10 or 12 Pitch (10 or 12 point) only. Use upper and lower case. As a member of a new unit, he assisted in constructing a new operating room, spending countless hours, handling, and tracking equipment worth over \$100,000. The end result was 100% mission readiness in direct support of combat deployment to Operation Iraqi Freedom II. - He spent over 20 hours designing, and constructing the sterilization tent for the Surgical Shock Trauma Platoon (SSTP), accomplishing the medical readiness of three operating rooms, with the ability to sterilize, and process over 30 sets for the SSTP and supporting units outside the immediate compound of Taqqadum, with a high turn over rate of processing sets for 140 surgical cases, in 3 months. - Created a recycling system which enabled the SSTP to reuse sterilization paper, bringing efficiency levels to an optimum during supply shortages. - Facilitated (5) FMF classes while attached to Alpha Co. 03JUN15-04FEB01.															
44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.															
Promotion Recommendation		NOB		Significant Problems		Progressing		Promotable		Must Promote		Early Promote		47. Retention: Not Recommended <input type="checkbox"/> Recommended <input checked="" type="checkbox"/>	
45. INDIVIDUAL										X				48. Reporting Senior Address 1ST MEDICAL BATTALION 1ST FSSG, MARFOR PAC CAMP PENDLETON, CA 92055-5657	
46. SUMMARY		<input checked="" type="checkbox"/>		0		0		0		1		0			
49. Signature of Senior Rater (Typed Name & Grade/Rate): I have reviewed the evaluation of this member to support the marks of 1.0 and 5.0. (b)(6) <i>NSR</i> Date: <i>12 July 04</i> (b)(6) <i>LSNR</i> Date: <i>12 July 04</i>															
51. Signature of Individual Evaluated. "I have seen this report, been apprised of my performance, and understand my right to submit a statement." I intend to submit a statement. <input type="checkbox"/> I do not intend to submit a statement. <input checked="" type="checkbox"/> <i>[Signature]</i> Date: <i>12 July 04</i>															
52. Type name, grade, command, UIC, and signature of Regular Reporting Senior on Concurrent Report Date:															

EVALUATION REPORT & COUNSELING RECORD (E1-E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) DAM, DUC V				2. Rate HM3		3. Desig FMF		4. SSN (b)(6)			
5. ACT <input checked="" type="checkbox"/> TAR <input type="checkbox"/> INACT <input type="checkbox"/> AT/ADSW/265 <input type="checkbox"/>		6. UIC 67446		7. Ship/Station 1ST MEDBN 1ST FSSG			8. Promotion Status REGULAR		9. Date Reported 03JAN10		
Occasion for Report 10. Periodic <input type="checkbox"/> 11. Detachment of Individual <input checked="" type="checkbox"/> 12. Promotion/Frocking <input type="checkbox"/> 13. Special <input type="checkbox"/>				Period of Report 14. From: 04JUN16 15. To: 05MAR28							
16. Not Observed Report <input type="checkbox"/>		Type of Report 17. Regular <input checked="" type="checkbox"/> 18. Concurrent <input type="checkbox"/> 19. <input type="checkbox"/>		20. Physical Readiness P/WS			21. Billet Subcategory (if any) NA				
22. Reporting Senior (Last, FI MI) (b)(6)		23. Grade LT		24. Desig 2300		25. Title COMPANY CDR		26. UIC 67446		27. SSN (b)(6)	
28. Command employment and command achievements. Provides health service support to the operating units of the First Marine Expeditionary Force (I MEF).											
29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) SURGICAL TECH PRI: Surgical tech-9. COLL: Supply PO-6, Instrument Sterilization PO-6. WATCH: On-call surgical tech-6, Phone watch-6, Barracks DNCO-6.											
For Mid-term Counseling Use. (When completing EVAL, enter 30 and 31 from counseling record, sign 32.)				30. Date Counseled 04DEC06		31. Counselor (b)(6)		32. Signature of Individual Counseled			
PERFORMANCE TRAITS: 1.0 - Below standards/not progressing or UNSAT in any one standard; 2.0 - Does not yet meet all 3.0 standards; 3.0 - Meets all 3.0 standards; 4.0 - Exceeds most 3.0 standards; 5.0 - Meets overall criteria and most of the specific standards for 5.0. Standards are not all inclusive.											
PERFORMANCE TRAITS	1.0* Below Standards	2.0 Pro- gressing	3.0 Meets Standards	4.0 Above Standards	5.0* Greatly Exceeds Standards						
33. PROFESSIONAL KNOWLEDGE: Technical knowledge and practical application. NOB <input type="checkbox"/>	- Marginal knowledge of rating, specialty or job. - Unable to apply knowledge to solve routine problems. - Fails to meet advancement/PQS requirements.	- <input type="checkbox"/>	- Strong working knowledge of rating, specialty and job. - Reliably applies knowledge to accomplish tasks. - Meets advancement/PQS requirements on time.	- <input checked="" type="checkbox"/>	- Recognized expert, sought out by all for technical knowledge. - Uses knowledge to solve complex technical problems. - Meets advancement/PQS requirements early/with distinction.						
34. QUALITY OF WORK: Standard of work; value of end product. NOB <input type="checkbox"/>	- Needs excessive supervision. - Product frequently needs rework. - Wasteful of resources.	- <input type="checkbox"/>	- Needs little supervision. - Produces quality work. Few errors and resulting rework. - Uses resources efficiently.	- <input checked="" type="checkbox"/>	- Needs no supervision. - Always produces exceptional work. No rework required. - Maximizes resources.						
35. EQUAL OPPORTUNITY: Fairness, respect for human worth. NOB <input type="checkbox"/>	- Displays personal bias or engages in harassment. - Tolerates bias, unfairness or harassment in subordinates. - Lacks respect for EO objectives. - Interferes with order and discipline by disregarding rights of others.	- <input type="checkbox"/>	- Always treats others with fairness and respect. - Does not condone bias or harassment in or outside of workplace. - Supports Navy EO objectives. - Contributes to unit cohesiveness and morale.	- <input checked="" type="checkbox"/>	- Admired for fairness and human respect. - Ensures a climate of fairness and respect for human worth. - Pro-active EO leader, achieves concrete EO objectives. - Leader and model contributor to unit cohesiveness and morale.						
36. MILITARY BEARING/CHARACTER: Appearance, conduct, physical fitness, adherence to Navy Core Values. NOB <input type="checkbox"/>	- Consistently unsat appearance. - Unsatisfactory demeanor/conduct. - Unable to meet one or more physical readiness standards. - Fails to live up to one or more Navy Core Values: HONOR, COURAGE, COMMITMENT.	- <input type="checkbox"/>	- Excellent personal appearance. - Excellent demeanor or conduct. - Complies with physical readiness program, within all standards. - Always lives up to Navy Core Values: HONOR, COURAGE, COMMITMENT.	- <input checked="" type="checkbox"/>	- Exemplary personal appearance. - Exemplary representative of Navy. - A leader in physical readiness. - Exemplifies Navy Core Values: HONOR, COURAGE, COMMITMENT.						
37. PERSONAL JOB ACCOMPLISHMENT/INITIATIVE: Responsibility, quantity of work. NOB <input type="checkbox"/>	- Needs prodding to attain qualification or finish job. - Prioritizes poorly. - Avoids responsibility.	- <input type="checkbox"/>	- Productive and motivated. Completes tasks and qualifications fully and on time. - Plans/prioritizes effectively. - Reliable, dependable, willingly accepts responsibility.	- <input checked="" type="checkbox"/>	- Energetic self-starter. Completes tasks or qualifications early, far better than expected. - Plans/prioritizes with exceptional skill and foresight. - Seeks extra responsibility and takes on the hardest jobs.						

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont 'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) DAM, DUC V			2. Rate HM3		3. Desig FMF		4. SSN (b)(6)	
PERFORMANCE TRAITS	1.0* Below Standards	2.0 Pro- gressing	3.0 Meets Standards		4.0 Above Standards	5.0* Greatly Exceeds Standards		
38. TEAMWORK: Contributions to team building and team results NOB <input type="checkbox"/>	-Creates conflict, unwilling to work with others, puts self above team. -Fails to understand team goals or teamwork techniques. -Does not take direction well. <input type="checkbox"/>	<input type="checkbox"/>	-Reinforces others' efforts, meets commitments to team. -Understands goals, employs good teamwork techniques. -Accepts and offers team direction. <input type="checkbox"/>		<input checked="" type="checkbox"/>	-Team builder, inspires cooperation and progress. -Focuses goals and techniques for teams. -The best at accepting and offering team direction. <input type="checkbox"/>		
39. LEADERSHIP: (Optional for E1-E3) Organizing, motivating and developing others to accomplish goals. NOB <input type="checkbox"/>	-Fails to motivate, train or develop subordinates. -Fails to organize, creates problems for subordinates. -Does not set or achieve goals relevant to command mission. -Lacks ability to cope with or tolerate stress. -Inadequate communicator. -Tolerates hazards or unsafe practices. -Does not attend to welfare of subordinates. <input type="checkbox"/>	<input type="checkbox"/>	-Effectively motivates, trains and develops subordinates. -Organizes successfully, solves problems as they occur. -Sets/achieves useful, realistic goals which support command mission. -Performs and leads effectively in stressful situations. -Clear, timely communicator. -Ensures safety of personnel and equipment. -Routinely considers subordinates' personal and professional welfare. <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	-Inspiring motivator and trainer, consistently builds winners. -Superb organizer, great foresight, gets ahead of problems. -Leadership achievements significantly furthers command mission. -Perseveres through the toughest challenges and inspires others. -Exceptional communicator. -Makes subordinates safety-conscious, has top safety record. -Constantly improves the personal and professional lives of others. <input type="checkbox"/>		
40. Individual Trait Avg. total of trait scores divided by number of graded traits. 3.71		41. I recommend this individual for (maximum of two): Assignment in Rating, Sea Special Programs, Shore Special Programs, Commissioning Programs, Special Warfare Programs, Rating Instructor Duty, Other. (Be specific)			42. Signature of Rater (Typed Name & Rate): I have evaluated this member against the above performance standards and have forwarded written explanation of marks 1.0 and 5.0. (b)(6) Date: 3 14/05 (F/SW)			
<p>43. COMMENTS ON PERFORMANCE: * All 5.0 and 1.0 marks must be specifically substantiated in comments. Comments must be verifiable. Bold, underlined, italic, or other highlighted type is prohibited. Font must be 10 or 12 Pitch (10 or 12 point) only. Use upper and lower case.</p> <p>This evaluation is submitted on the occasion of HM3 Dam's Honorable Discharge from the United States Navy.</p> <p>-Deployed to Camp Al-Taqaddum, Iraq from 01Feb-29Sep04 in support of OIF-II. As instrument sterilization Petty Officer, he was in-charge of proper sterilization, accountability, and readiness of all surgical instruments used at the Operating Room(OR). His hard work and dedication to duty was instrumental in 100% successful operation of the OR.</p> <p>-Trained and qualified five junior HMs in operating a field sterilizer. His effort helped provide uninterrupted sterilization of four major surgical packs that supported an average workload of ten surgical cases daily.</p> <p>-Volunteered his off-duty hours by teaching FMF classes while in theater. His significant efforts and teamwork resulted in 10 corpsmen receiving the FMF Enlisted Warfare Specialist pin.</p> <p>Petty Officer Dam demonstrated a positive attitude and the willingness to take greater responsibilities as a Petty Officer.</p>								
<p>44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.</p> <p>Qualified HUMVEE operator. Awarded Global War On Terrorism Expeditionary and Service Medals form OIF-II.</p>								
Promotion Recommendation	NOB	Significant Problems	Progressing	Promotable	Must Promote	Early Promote	47. Retention: Not Recommended <input type="checkbox"/> Recommended <input checked="" type="checkbox"/>	
45. INDIVIDUAL					X		48. Reporting Senior Address COMPANY COMMANDER C-CO, 1ST MEDBN, 1ST FSSG MCB CAMP PENDLETON, CA 92055	
46. SUMMARY	<input checked="" type="checkbox"/>	0	0	0	1	0		
49. Signature of Senior Rater (Typed Name & Grade/Rate): I have reviewed the evaluation of this member and report the marks of 1.0 and 5.0. (b)(6) Date: 14 MAR 05					50. Signature of Reporting Senior (b)(6) Date: 11 MAR 05			
51. Signature of Individual Evaluated. "I have seen this report, been apprised of my performance, and understand my right to submit a statement." I intend to submit a statement. <input type="checkbox"/> I do not intend to submit a statement. <input checked="" type="checkbox"/> (Signature) Date: 14 MAR 05					52. Type name, grade, command, UIC, and signature of regular Reporting Senior on Concurrent Report (b)(6) Date:			

ADMINISTRATIVE REMARKS
NAVPERS 1070/613 (REV. 10-81)
S/N 0106-LF-010-6991

E-32

SHIP OR STATION:
NAVAL SCHOOL OF HEALTH SCIENCES, PORTSMOUTH, VA 23708-5200

16 MAR 00: Completed 26 week course of instruction in Surgical
Technologist School.

SUBJECT	HOURS		GRADES
	DIDACTIC/LAB	CLINICAL	
INTRODUCTION TO SURGICAL TECHNOLOGY	18	00	89.14
ENVIRONMENTAL CONTROL IN THE O. R.	35	00	91.60
SURGICAL SUPPLIES AND EQUIPMENT	70	00	98.71
DUTIES OF THE CIRCULATOR TECHNICIAN	44	00	92.00
ACTIVITIES OF THE SCRUB TECHNICIAN	74	00	82.00
ADVANCED SURGICAL ANATOMY/OPERATIVE PROCEDURES	49	00	94.40
PRE-CLINICAL EVALUATION	26	00	PASS
PRE-CLINICAL ORIENTATION/OBSERVATION	00	77	PASS
SURGICAL ROTATIONS	00	600	N/A
OTHER REQUIRED TRAINING	63		N/A

TOTAL HOURS: 1056

FINAL DIDACTIC AVERAGE: 91.31
FINAL CLINICAL AVERAGE: 93.02
FINAL AVERAGE: 90.91
CLASS STANDING: 24 of 35

CONVENED: 24 AUG 99
GRADUATED: 16 MAR 00

RECOMMENDED NEC: 8483

(b)(6)

By direction

NAME:
DAM, DUC V.

SSN:
(b)(6)

BRANCH AND CLASS
HN / USN

ADMINISTRATIVE REMARKS

SEE HEADQUARTERS 5030421

SWEP OR STATIST

NAVAL HOSPITAL CORPS SCHOOL, GREAT LAKES, ILLINOIS 60184-5257

Date: 26FEB99

Course: BASIC HOSPITAL CORPS SCHOOL (B-300-0010)

Class Number: 09025

Final Grade: 86.47

Graduation Date: 26FEB99

Class Standing: 12 OF 49

BCLS "C" Certification Date: 5NOV98

	CLASSROOM HOURS	SKILL LABORATORY HOURS
UNIT I Fundamentals	71	16
UNIT II Emergency Care	84	64
UNIT III Nursing Care	128.5	53
Clinical Practicum	4	72
Required Activity	67.5	0
Subtotal:	355	205

COURSE LENGTH: 14 Weeks

TOTAL HOURS: 560.0

COURSE DESCRIPTION

UNIT I FUNDAMENTALS: Study Skills & Success Enhancement; Basic Life Support; Basic Mathematics; Role of the Hospital Corps; Introduction to the Bureau of Medicine and Surgery; Law of Armed Conflict; Medical Ethics; Basic Medical Terminology and Abbreviations; Anatomy and Physiology: Integumentary System, Musculoskeletal System, Nervous System, Eye & Ear, Cardiovascular System, Respiratory System, Lymphatic System, Digestive System, and Genitourinary System; Interpersonal Communications (TEAM Approach); Patient Interviewing & History Taking; Medical Asepsis; Vital Signs; Preventive Medicine; and DOD Immunization Program.

UNIT II EMERGENCY CARE: Introduction to Emergency Care; The Well-Being of the Hospital Corpsman; Medical/Legal & Ethical Issues; Lifting & Moving Patients; Airway Management; Scene Size-Up & Safety; Initial Assessment; Focused History & Physical Examination; Communication & Documentation; Respiratory Emergencies; Cardiac Emergencies; Diabetic Emergencies and Altered Mental Status; Poison and Substance Abuse; Allergies; Environmental Emergencies; Behavioral Emergencies; Obstetrics/Gynecological Emergencies; Infants and Children; Bleeding and Shock; Soft Tissue Injuries; Hazardous Materials & Chemical, Biological, and Radiological Injuries; Musculoskeletal Injuries;

Page 1 of 3

NAME (Last, First, Middle)

DAM, D V

SSN

(b)(6)

GRADE AND CLASS

USN

ADMINISTRATIVE REMARKS: NAMED: 10/1/98 REV: 11/98

ADMINISTRATIVE REMARKS

SHIP OR STATION

SEE DETACHMENT 5030420

NAVAL HOSPITAL CORPS SCHOOL, GREAT LAKES, ILLINOIS 60088-5257

Course: BASIC HOSPITAL CORPS SCHOOL (B-300-0010) CONTINUATION PAGE

Head and Spine Injuries; Ambulance Operations; Gaining Access; Triage and Medical Decision Making; and an Emergency Medical Scenarios Laboratory.

UNIT III NURSING CARE: Introduction to Nursing; Military Health Records; Equipment for Basic Physical Examination; Nursing Notes & SOAP Notes; Inpatient Clinical Record; Admissions; AM & PM Care, Nutrition & Diet Therapy; Intake and Output; Nasogastric Tubes; Range of Motion & Patient Positioning; Transfer Techniques & Ambulation; Restraining a Patient; Decubitus Ulcer Prevention; Isolation Techniques; Surgical Asepsis; Wound Closure & Management; Specimens; Urinary Catheterizations; Pharmacology & Toxicology; Introduction to Medication Administration; Storage of Medications; Dosage Calculations; Oral Medication Administration; Sublingual, Topical, & Rectal Medication Administration; Intramuscular & Subcutaneous Medication Administration; Pain Management; Preoperative Nursing Care; Venipuncture; Introduction to Intravenous Therapy; Maintenance of Intravenous Therapy; Intravenous Insertion; Respiratory Care; Cast Care; Chest Tubes; Postoperative Nursing Care; Patient Discharge Procedures; Death and Dying; and Care of the Deceased.

This student has successfully completed an approved EMT-Basic Training program that includes all of the objectives of the 1994 Department of Transportation National Standard Basic EMT Curriculum, except the clinical/field rotation. The Basic Hospital Corps School's training, when followed within twelve months by completion of an appropriate clinical field rotation, will satisfy the requirements of Section I and II of the National Registry of Emergency Medical Technicians (NREMT) EMT-Basic Application Form, 1/96-50M. Prior to testing the NREMT practical and written exam, the completion of a Navy/NREMT approved refresher course is highly encouraged.

The Basic Hospital Corps School, Great Lakes, IL NREMT Site Code is 901-NA.

Fifteen college credits were approved and recommended by the American Council on Education (ACE) on July 19, 1990 for the 560 hours of training in the Basic Hospital Corps School curriculum. Credit Recommendation: In the vocational certificate category, 4 semester hours in Emergency Care, 7 semester hours in Basic Patient Care Procedures, and 1 semester hour in Pharmacology. In the lower-division, baccalaureate/associate degree category, 3 semester hours in Anatomy and Physiology.

Page 2 of 3

NAME (Last, First, Middle)

DAM, D V

(b)(6)

USN

BRANCH AND CLASS

ADMINISTRATIVE REMARKS - NAVFAC 15-77401 REV 11-84

15-11

NAVAL HOSPITAL CORPS SCHOOL, GREAT LAKES, ILLINOIS 60088-5257

PERSONNEL ADVANCEMENT REQUIREMENTS

Occupational Standards (OCCSTDs) are the primary basis for the Personnel Advancement Requirements (PARs). These PARs must be completed prior to advancement. Completion of Class "A" School can satisfy PAR requirements if the equivalent requirements are satisfactorily completed as part of the curriculum and the appropriate entries are made in the service record.

Successful graduation of Hospital Corps "A" School meets the following itemized Occupational Standards (OCCSTDs) and Personnel Advancement Requirements (PARs) as listed in the Advancement Handbook for Petty Officers, Hospital Corpsman (HM), NAVEDTRA 71405.

A. HEALTH CARE

A4.001	A4.002	A4.003	A4.004	A4.005
A4.006	A4.007	A4.008	A4.009	A4.010
A4.011	A4.012	A4.013	A4.014	A4.016
A4.017	A4.018	A4.019	A4.020	A4.021
A4.022				

B. PATIENT ASSISTANCE AND SUPPORT

B4.003	B4.005	B4.006
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C. TECHNICAL ADMINISTRATION

C4.002

I. PHARMACY

I4.001	I4.003
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Naval Hospital Corps School, Great Lakes, IL is accredited by the Accrediting Commission of the Council on Occupational Education, 41 Perimeter Center East, N.E., Suite 640, Atlanta, Georgia 30346, (770) 396-3898.

(b)(6)

By direction

26FEB99

Page 3 of 3

NAME Last, First, Middle
DAM, D V

(b)(6)

USN

BRANCH AND CLASS

ADMINISTRATIVE REMARKS NAVPERS (1070-1) REF 10-34

13

SN:P 00 17A7:00

REF ID: A66423

NAVY MILITARY TRAINING

(b)(6)

26FEB99

NAME _____

DAM, D V

(b)(6)

USN

THEORY

ADMINISTRATIVE DEMANDS HAPPENS EVERY DAY

ENLISTMENT / REENLISTMENT DOCUMENT

ARMED FORCES OF THE UNITED STATES

(b)(6)

Privacy Act Statement

AUTHORITY: 5 USC 3331; 32 USC 708; 44 USC 708 and 3101; 10 USC 133, 265, 275, 504, 508, 510, 591, 672(d), 678, 837, 1007, 1071 through 1087, 1168, 1169, 1475 through 1480, 1553, 2107, 2122, 3012, 5031, 8012, 8033, 8496, and 9411; 14 USC 351 and 632; and Executive Order 9397, November 1943 (SSN).

PRINCIPAL PURPOSES: To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification.

ROUTINE USES: This form becomes a part of the Service's Enlisted Master File and Field Personnel File. All uses of the form are internal to the relevant Service.

DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate the enlistment / reenlistment application.

A. ENLISTEE / REENLISTEE IDENTIFICATION DATA

1. NAME (Last, First, Middle) DAM DUC VINH		2. SOCIAL SECURITY NUMBER (b)(6)	
3. HOME OF RECORD (Street, City, State, ZIP Code) 1643 1/2 WEST 224TH ST TORRANCE, CA 90501		4. PLACE OF ENLISTMENT / REENLISTMENT (Mil. Installation, City, State) LOS ANGELES MEPS CA 90016	
5. DATE OF ENLISTMENT / REENLISTMENT (YYMMDD) 980325	6. DATE OF BIRTH (YYMMDD) 790821	7. PREV MIL SVC UPON ENL / REENLIST	YEARS MONTHS DAYS
		a. Total Active Military Service	
		b. Total Inactive Military Service	

B. AGREEMENTS

8. I am enlisting / reenlisting in the United States (list branch of service) NAVAL RESERVE
this date for 8 years and
00 weeks beginning in pay grade E-1. The additional details of my enlistment /
reenlistment are in Section C and Annex(es) A.

a. FOR ENLISTMENT IN A DELAYED ENTRY / ENLISTMENT PROGRAM (DEP):

I understand that I will be ordered to active duty as a Reservist unless I report to the place shown in item 4 above by (list date (YYMMDD)) 0500 980811 for enlistment in the Regular component of the United States (list branch of service) NAVY for not less than 4 years and 00 weeks. My enlistment in the DEP is in a nonpay status. I understand my period of time in the DEP is NOT creditable for pay purposes upon entry into a pay status. However, I also understand that this time is counted toward fulfillment of my military service obligation or commitment. I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, moral qualifications, and mailing address.

b. Remarks: (If none, so state.) NONE

c. The agreements in this section and attached annex(es) are all the promises made to me by the Government.
ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.

(Initials of Enlistee / Reenlistee) DVD

(Continued on reverse side.)

9. FOR ALL ENLISTEES OR REENLISTEES: Many laws, regulations, and military customs will govern my conduct and require me to do things a civilian does not have to do. The following statements are not promises or guarantees of any kind. They explain some of the present laws affecting the Armed Forces which I cannot change but which Congress can change at any time.

a. My enlistment is more than an employment agreement. As a member of the Armed Forces of the United States, I will be:

(1) Required to obey all lawful orders and perform all assigned duties.

(2) Subject to separation during or at the end of my enlistment. If my behavior fails to meet acceptable military standards, I may be discharged and given a certificate for less than honorable service, which may hurt my future job opportunities and my claim for veteran's benefits.

(3) Subject to the military justice system, which means, among other things, that I may be tried by military courts-martial.

(4) Required upon order to serve in combat or other hazardous situations.

(5) Entitled to receive pay, allowances, and other benefits as provided by law and regulation.

b. Laws and regulations that govern military personnel may change without notice to me. Such changes may affect my status, pay, allowances, benefits, and responsibilities as a member of the Armed Forces **REGARDLESS** of the provisions of this enlistment / reenlistment document.

c. In the event of war, my enlistment in the Armed Forces continues until six (6) months after the war ends, unless my enlistment is ended sooner by the President of the United States.

10. MILITARY SERVICE OBLIGATION FOR ALL MEMBERS OF THE ACTIVE AND RESERVE COMPONENTS, INCLUDING THE NATIONAL GUARD.

a. **FOR ALL ENLISTEES:** If this is my initial enlistment, I must serve a total of eight (8) years. Any part of that service not served on active duty must be served in a Reserve Component unless I am sooner discharged.

b. If I am a member of a Reserve Component of an Armed Force at the beginning of a period of war or national emergency declared by Congress, or if I become a member during that period, my military service may be extended without my consent until six (6) months after the end of that period of war.

c. As a member of a Reserve Component, in time of war or national emergency declared by Congress, I may be required to serve on active duty (other than for training) for the entire period of the war or emergency and for six (6) months after its end.

d. As a member of the Ready Reserve I may be required to perform active duty or active duty for training without my consent (other than as provided in item 8 of this document as follows:

(1) In time of national emergency declared by the President of the United States, I may be ordered to active duty (other than for training) for not more than 24 consecutive months.

(2) I may be ordered to active duty for 24 months, and my enlistment may be extended so I can complete 24 months of active duty, if:

(a) I am not assigned to, or participating satisfactorily in, a unit of the Ready Reserve; and

(b) I have not met my Reserve obligation; and

(c) I have not served on active duty for a total of 24 months.

(3) I may be ordered to perform additional active duty training for not more than 45 days if I have not fulfilled my military service obligation and fail in any year to perform the required training duty satisfactorily. If the failure occurs during the last year of my required membership in the Ready Reserve, my enlistment may be extended until I perform that additional duty, but not for more than six months.

(4) When determined by the President that it is necessary to support any operational mission, I may be ordered to active duty for not more than 90 days if I am a member of the Selected Reserve.

11. FOR ENLISTEES/REENLISTEES IN THE NAVY, MARINE CORPS, OR COAST GUARD: I understand that if I am serving on a naval vessel in foreign waters, and my enlistment expires, I will be returned to the United States for discharge as soon as possible consistent with my desires. However, if essential to the public interest, I understand that I may be retained on active duty until the vessel returns to the United States. If I am retained under these circumstances, I understand I will be discharged not later than 30 days after my return to the United States; and, that except in time of war, I will be entitled to an increase in basic pay of 25 percent from the date my enlistment expires to the date of my discharge.

12. FOR ALL MALE APPLICANTS: Completion of this form constitutes registration with the Selective Service System in accordance with the Military Selective Service Act. Incident thereto the Department of Defense may transmit my name, permanent address, military address, Social Security Number, and birthdate to the Selective Service System for recording as evidence of the registration.

NAME OF ENLISTEE / REENLISTEE (Last, First, Middle)	SOCIAL SECURITY NO. OF ENLISTEE / REENLISTEE
DAM DUC VINH	(b)(6)

D. CERTIFICATION AND ACCEPTANCE

13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.

I CERTIFY THAT I HAVE CAREFULLY READ THIS DOCUMENT. ANY QUESTIONS I HAD WERE EXPLAINED TO MY SATISFACTION. I FULLY UNDERSTAND THAT ONLY THOSE AGREEMENTS IN SECTION B OF THIS DOCUMENT OR RECORDED ON THE ATTACHED ANNEX(ES) WILL BE HONORED. ANY OTHER PROMISES OR GUARANTEES MADE TO ME BY ANYONE ARE WRITTEN BELOW: (If none, X "NONE" and initial.)

☒ **NONE** DVD (Initials of enlistee / reenlistee)

b. SIGNATURE OF ENLISTEE / REENLISTEE	c. DATE SIGNED (YYMMDD)
<u>Duc Vinh Dam</u>	980325

14. SERVICE REPRESENTATIVE CERTIFICATION

a. On behalf of the United States (list branch of service) NAVY, I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.

b. NAME (Last, First, Middle)	c. PAY GRADE	d. UNIT / COMMAND NAME
(b)(6)	E-6	NAVY RCTG DIST LOS ANGELES
(b)(6)	f. DATE SIGNED (YYMMDD)	g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)
<u>PN1</u>	980325	LOS ANGELES CA 90016

E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR):

I, DUC VINH DAM, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

16. IN THE NATIONAL GUARD (ARMY OR AIR):

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of _____ against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of _____ and the orders of the officers appointed over me, according to law and regulations. So help me God.

17. IN THE NATIONAL GUARD (ARMY OR AIR):

I do hereby acknowledge to have voluntarily enlisted / reenlisted this _____ day of _____ in the _____ National Guard and as a Reserve of the United States (list branch of service) _____ with membership in the _____ National Guard of the United States for a period of _____ years, _____ months, _____ days, under the conditions prescribed by law, unless sooner discharged by proper authority.

18a. SIGNATURE OF ENLISTEE / REENLISTEE	b. DATE SIGNED (YYMMDD)
<u>Duc Vinh Dam</u>	980325

19. ENLISTMENT / REENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME (Last, First, Middle)	c. PAY GRADE	d. UNIT / COMMAND NAME
(b)(6)	O-4	LOS ANGELES MEPS
e. SIGNATURE	f. DATE SIGNED (YYMMDD)	g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)
(b)(6)	980325	LOS ANGELES CA 90016

NAME OF ENLISTEE / REENLISTEE (Last, First, Mid	SO, SECURITY NO OF ENLISTEE / REENLISTEE
DAM DUC VINH	(b)(6)

F. DISCHARGE FROM DELAYED ENTRY / ENLISTMENT PROGRAM

20a. I request to be discharged from the Delayed Entry / Enlistment Program (DEP) and enlisted in the Regular Component of the United States (list branch of service) NAVY for a period of 4 years and 00 weeks. No changes have been made to my enlistment options **OR** if changes were made they are recorded on Annex(es) NA which replace(s) Annex(es) NA.

b. SIGNATURE OF DELAYED ENTRY / ENLISTMENT PROGRAM ENLISTEE	c. DATE SIGNED (YYMMDD)
<i>Duc Vinh Dam</i>	980811

G. APPROVAL AND ACCEPTANCE BY SERVICE REPRESENTATIVE**21. SERVICE REPRESENTATIVE CERTIFICATION**

a. This enlistee is discharged from the Reserve Component shown in item 8 and is accepted for enlistment in the Regular Component of the United States (list branch of service) NAVY in pay grade E-1.

b. NAME (Last, First, Middle)	c. PAY GRADE	d. UNIT / COMMAND
(b)(6)	E-6	NAVY RCTG DIST LOS ANGELES
e. SIGNATURE	f. DATE SIGNED (YYMMDD)	g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)
(b)(6)	980811	LOS ANGELES CA 90016-4719

ION OF ENLISTMENT OR REENLISTMENT**22a. IN A REGULAR COMPONENT OF THE ARMED FORCES:**

I, DUC VINH DAM, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

b. SIGNATURE OF ENLISTEE / REENLISTEE	c. DATE SIGNED (YYMMDD)
<i>Duc Vinh Dam</i>	980811

23. ENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME (Last, First, Middle)	c. PAY GRADE	d. UNIT / COMMAND NAME
(b)(6)	O-4	LOS ANGELES MEPS
e. SIGNATURE	f. DATE SIGNED (YYMMDD)	g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)
(b)(6)	980811	LOS ANGELES CA 90016-4791

AGREEMENT TO EXTEND ENLISTMENT

Name: DAM, DUC VINH

SSN: (b)(6)

BR/CL: USN

Having enlisted in the UNITED STATES NAVY/~~NAVY~~ on 98AUG11 for FOUR years, I do voluntarily agree to (further) extend my enlistment for 12 months, (REASON: SCHOOL XX OTHER) subject to the provisions of 10 USC 5540 relating to an increase in basic pay do not apply to this agreement.

I understand my new contract expiration date to be 03AUG10. This agreement had been fully explained to me, I understand it. I understand that extensions of enlistment totalling 24 months or greater require a physical examination prior to the extension becoming operative. No promises of any kind have been made to me except as indicated.

"TRAINING FIVE-YEAR OBLIGOR PROGRAM FOR 'HM' RATING IN ACCORDANCE WITH CURRENT DIRECTIVES. I UNDERSTAND THIS AGREEMENT BECOMES BINDING UPON EXECUTION AND MAY NOT BE CANCELED EXCEPT AS SET FORTH IN MILPERSMAN 1050150."

THIS IS MY FIRST ENLISTMENT
TOTAL AGGREGATE: 12 MONTHS

UIC: 62441 STATUS: ACTIVE X INACTIVE RATE: SR

COMBAT ZONE: PEBD: 98AUG11 TOTAL AGGREGATE MOS: 12

SHIP OR STATION: NAVY RECRUITING DISTRICT

LOCATION OF SHIP OR STATION: LOS ANGELES, CA

SIGNATURE OF MEMBER: *Duc Vinh Dam*

(First Middle Last)

Witness and accepted on
behalf of the UNITED STATES NAVY
this 11TH day of AUGUST, A.D. 19 98

SIGNATURE AND GRADE: (b)(6)

(b)(6)

RZ
(d Rank)

TITLE: MLPO BY DIRCO

CANCELLATION OF EXTENSION TO EXTEND ENLISTMENT

THE EXTENSION IDENTIFIED HEREON FOR MONTHS, IS CANCELED EFFECTIVE

AUTHORITY:

SIGNATURE AND GRADE:

(Certifying Officer Name and Rank)

TITLE:

ENLISTMENT GUARANTEES

NAME (Last, First-Middle Jr Sr etc.)

DAM, DUC VINH

SSN

(b)(6)

1. ACKNOWLEDGEMENT: In connection with my enlistment into the United States Navy, ~~Naval Reserve~~
I hereby acknowledge that:

- a. I am enlisting into the U.S. Navy ~~Naval Reserve~~ for an active duty period of FOUR years ~~months~~ and at the same time, I agree to extend my enlistment for 12 months to meet the obligations of the FIVE YEAR OBLIGOR program. I am enlisting with the following guarantees and understandings:

(1) Upon enlistment, I will be enlisted under the provisions of Commander, Navy Recruiting Command Instruction 1130.8 series, option or options as indicated below:

FIVE YEAR OBLIGOR (5YO) PROGRAM -Option (1) HOSPITAL CORPSMAN (HM) CLASS "A" SCHOOL GUARANTEEOption (2) N/AOption (3) N/AOption (4) N/A

2. I understand that I must be fully qualified at all times throughout my obligated service for all security, professional, military, physical, psychological and academic requirements of the options guaranteed in section 1.a.(1) and that my eligibility will be rechecked during recruit training and periodically throughout my enlistment.

3. The Navy will enroll me in the training specified above. If during the periodic reviews of my eligibility, I am found no longer eligible for the options listed in 1.a.(1) above because of information I provided in my enlistment application: because of a physical, or psychological disqualification, or because of some reason that is not due to my fault, negligence, or conduct. I may only choose one of the following options:

a. Reassignment to an "A" school for which I am qualified and a vacancy exists, or

b. Navy apprenticeship training for which I am qualified and a vacancy exists.

In any event, the Navy may, at its option, choose to discharge me.

4. If I am not enrolled in the training guarantee in section 1.a.(1) above because of some reason that is due to my fault, negligence or conduct or if I am disenrolled from it for any other reason not specified in paragraph 3, then I lose that guarantee and at the Navy's option remain subject to continued naval service.

I also understand:

a. I am retained, I may be required to serve the rest of my enlistment. If given accelerated advancement post-apprenticeship training, or an enlistment/reenlistment bonus, I may incur additional service as required by regulation.

b. The Navy may, at its option, discharge me in accordance with law and regulations.

5. I certify that I have read and received a copy of the Classifier Rating/Program Fact Sheet for the Rating/Program for which I am enlisting, and the Statement for Understandings required for Option(s) (1). I understand the obligations for Options and training that I will receive.

(b)(6)

98MAR25

/Date

x DVD
(applicant initials)

x Duc Vinh Dam 98MAR25
(Signature of Enlistee/Date)

ENLISTED CLASSIFIER PN-2612

BY DIRECTION OF THE COMMANDING OFFICER

(Typed Name and Title)

DUC VINH DAM

(Typed Name)

(b)(6)

1. Name (Last, First, Middle) DAM DUC VINH		2a. SSN (b)(6)	2b. Initial (To indicate valid SSN)	3a. SVC DNR	3b. Reporting Unit Code Duty Station
4. Spouse's Name/Address		SINGLE			
5. Children's Names/Relationship/ Date of Birth (YYMMDD)/ Address		None			
6. Father's Name/Address		(b)(6)			
7. Mother's Name/Address		(b)(6)			
8. Do Not Notify Due to Ill Health		a.		b. Notify Instead	
9. Beneficiary(ies) for DG - If No Surviving Spouse or Child / Address / Percentage		(b)(6)		100 %	
10. Beneficiary(ies) for Unpaid Pay/ Allowances/Address/Percentage		(b)(6)		100 %	
11. Allotment Designee/Percentage if Missing*					
		* Subject to Secretarial Determination			
12. Insurance (SGLI & Other Insurance Companies/Policy Nos.)		a. SGLI (Optional Service Use) <input type="checkbox"/> Maximum <input type="checkbox"/> No <input type="checkbox"/> Other (Amount)		b. Insurance Companies/Policy Numbers	
13. Continuation/Remarks POL 01 <i>See Vinh Nam.</i>					
14. Signature of Servicemember (Include Rank/Grade/Rate)		15. Signature of Witness (Include Rank/Grade/Rate)		16. Date Signed (YYMMDD) 980325	

Privacy Act Statement**AUTHORITY:**

10 USC 1475 to 1480 and 2771, 38 USC 770, 44 USC 3101, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSES:

This form is used to designate beneficiaries for certain benefits in the event of the servicemember's death. It is a guide for the disposition of that members's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the servicemember desires to be notified in case of emergency or death. The purpose of soliciting the SSN is to provide positive identification.

ROUTINE USES:

This form is a component in the Casualty Notification file series appropriate to each branch of the Military Services. It is to be used by casualty offices to notify a servicemember's next of kin of that member's injury, illness, or death. The member designates the person(s) to receive any unreceived pay and allowances and death gratuity benefits. Additional information concerning wills, insurance policies, and other personal data to be used in settling personal affairs in the event of the member's death may be included on this form. Release of personal identifier information to the member's finance office is required for appropriate distribution of pay and allowance benefits to designated beneficiaries of missing or interned servicemembers. This form is strictly for internal Service record purposes.

DISCLOSURE:

Voluntary; however, failure to provide personal identifier information may delay notification of the servicemember's status or may handicap processing of benefits to designated beneficiaries.

INSTRUCTIONS TO SERVICEMEMBER:

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty, and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other dependents listed; for example, as a result of marriage, civil court action, death, or address change. Regarding your designation in Item 11, "Allotment if Missing" (if used by your Service), please read the following statement carefully, and sign on the line provided:

I fully understand that, if I am captured, missing, or interned, my designation of allotments to dependents from my pay and allowances serves only as a guide to the Secretary of my Service. The Secretary may alter my designated allotment in the best interests of myself, my dependents, or the United States Government.

See Vinh Nam.
SIGNATURE OF SERVICEMEMBER

Servicemembers' Group Life Insurance Election and Certificate 402

Use this form to: (check all that apply)

- ☐ Name, change or update your beneficiary
- ☐ Reduce the amount of your insurance coverage
- ☐ Decline insurance coverage

Important: This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.

Last Name **DAM** First name **DUC** Middle name **VINH** Rank, title, or grade **E-1** Social Security Number (b)(6)

Branch of Service (Do not abbreviate) **United States Navy** Current Duty Location **RECRUIT TRAINING COMMAND, GREAT LAKES, IL 60088**

Amount of Insurance

By law, you are automatically insured for \$200,000. **If you want \$200,000 of insurance, skip to Beneficiary(ies) and Payment Options. If you want less than \$200,000 of insurance, please check the appropriate block below and write the amount desired and your initials. Coverage is available in the following amounts: \$190,000, \$180,000, \$170,000, \$160,000, \$150,000, \$140,000, \$130,000, \$120,000, \$110,000, \$100,000, \$90,000, \$80,000, \$70,000, \$60,000, \$50,000, \$40,000, \$30,000, \$20,000, \$10,000. If you do not want any insurance, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."**

☒ I want coverage in the amount of \$ **200,000** Your initials **DVD**

☐ _____
(Write "I do not want insurance at this time.")

Note: Reduced or refused insurance can be restored only by written request with proof of good health and compliance with other requirements.

Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
Principal				
(b)(6)	(b)(6)			Lump Sum
(b)(6)	(b)(6)			Lump Sum
Contingent				
(b)(6)	(b)(6)		ALL	Lump Sum
2.				
3.				
4.				

I HAVE READ AND UNDERSTAND the instructions on the front and back of this form. I ALSO UNDERSTAND that:

- This form cancels any prior beneficiary or payment instructions
- The proceeds will be paid to beneficiaries as stated in #6 on the back of this form, unless otherwise stated above
- If I have legal questions about this form, I may consult with a military attorney at no expense to me
- I cannot have combined SGLI and VGLI coverages at the same time for more than \$200,000

SIGN HERE IN INK **Duc Vinh Dam**

(Your signature. Do not print).

Date: **8-20-98**

write in space below - For official use only.

RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED
SP4	PSD RTC	8-21-98

[illegible]

23. TYPE OF SEPARATION RELADU TRANS TO NAVAL RESERVE		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY MILPERSMAN 1910-104		26. SEPARATION CODE MBK	27. REENTRY CODE RE-1
28. NARRATIVE REASON FOR SEPARATION COMPLETED REQUIRED ACTIVE SERVICE			
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) TL: NONE			30. MEMBER REQUESTS COPY 4 (Initials) <i>BD</i>

Please read the instructions before completing this form.

Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply)

- ☐ Name or update your beneficiary
☐ Reduce the amount of your insurance coverage
☐ Decline insurance coverage

Important: This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.

Last name <u>Dam</u>	First name <u>Dur</u>	Middle name <u>V</u>	Rank, title or grade <u>E3</u>	Social Security Number <u>(b)(6)</u>
Branch of Service (Do not abbreviate) <u>United States Navy</u>			Current Duty Location <u>1st FSSG 1st Med BN "A" Co.</u>	

Amount of Insurance

By law, you are automatically insured for \$250,000. **If you want \$250,000 of insurance**, skip to Beneficiary(ies) and Payment Options. **If you want less than \$250,000 of insurance**, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$10,000. **If you do not want any insurance**, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."

- ☐ I want coverage in the amount of \$ _____ Your initials _____
☐ _____

(Write "I do not want insurance at this time.")

*Note: Reduced or refused insurance can be only be restored by completing form SGLV 8285 with proof of good health and compliance with other requirements and will also affect the amount of VGLI you can convert to upon separation from service.

Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
Principal				
1. <u>(b)(6)</u>	<u>(b)(6)</u>	<u>(b)(6)</u>	<u>1/3</u>	<u>Lump sum</u>
2. <u>(b)(6)</u>	<u>(b)(6)</u>	<u>(b)(6)</u>	<u>1/3</u>	<u>Lump sum</u>
Contingent #3 PRINCIPLE				
1. <u>(b)(6)</u>	<u>(b)(6)</u>	<u>(b)(6)</u>	<u>1/3</u>	<u>Lump sum</u>
2. <u>1 - contingent</u>				
3. <u>1 - contingent</u>				

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:

- This form cancels any prior beneficiary or payment instructions.
- The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above.
- If I have legal questions about this form, I may consult with a military attorney at no expense to me.
- I cannot have combined SGLI and VGLI coverages at the same time for more than \$250,000.

SIGN HERE IN INK

[Signature]
(Your signature. Do not print.)

Date: 4 OCT 02

Do not write in space below. For official use only.

WI	D BY:	RANK, TITLE OR GRADE <u>HM2(FR1P)</u>	ORGANIZATION <u>1FSSG</u>	DATE RECEIVED <u>4 OCT 02</u>
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SG

SUPERSEDES AND REPLACES FORM SGLV 8286, March 2000
WHICH WILL NOT BE USED.

Original Copy - Member's Official Personnel File
Photocopy 1 - To Member
Photocopy 2 - To Active or Reserve Component of Uniformed Servi

IMMEDIATE REENLISTMENT CONTRACT

NAME: DUC VINH DAM SSN: (b)(6) BRACL: USN

FIRST: I am reenlisting in the ☒ UNITED STATES NAVY ☐ NAVAL RESERVE for 3 years from 03/29/2002 unless sooner discharged by proper authority. My new contract expiration date is 03/28/2005.

SECOND: I have read and understand the following SECTION OF TITLE 10 OF THE UNITED STATES CODE:

SECTION 5540 OF TITLE 10 OF THE UNITED STATES CODE: "(a) The senior officer present afloat in foreign waters shall send to the United States by Government or other transportation as soon as possible each enlisted member of the naval service who is serving on a naval vessel, whose term of enlistment has expired, and who desires to return to the United States. However, when the senior officer present afloat considers it essential to the public interest, he may retain such a member on active duty until the vessel returns to the United States. (b) Each member retained under this section: (1) shall be discharged not later than 30 days his arrival in the United States; and (2) except in time of war is entitled to an increase in basic pay of 25 percent. (c) The substance of this section shall be included in the enlistment contract of each person enlisting in the naval service."

THIRD: I understand that I may be extended on, or ordered to active duty for the duration of any war or national emergency declared by Congress, and for six months thereafter, and that my agreed period of active service may be extended as otherwise authorized by law.

FOURTH: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, geographical area, schooling, special programs, assignment of government quarters, or transportation of dependents except as indicated:

BENEFITS OF RATE/SRB

UIC: 40201 STATUS: ACTIVE X INACTIVE RADO MONTHS/DAYS 000 000 DOB: 08/21/1979

PLACE OF REENLISTMENT: NAVAL MEDICAL CENTER PORTSVA HOME OF RECORD: TORRANCE, CA

CITIZENSHIP: OTHER CITIZEN COUNTRY RATE: HN DATE OF PAYGRADE: 03/16/2000

ADSD: 08/11/1998 PEBD: 08/11/1998 DATE LAST DISCHARGE: 03/28/2002 LSL SELLBACK: 00.0

TOTAL ACTIVE SERVICE: 03 / 06 / 18 YEARS/MONTHS/DAYS TOTAL PRIOR INACTIVE SERVICE: 00 / 00 / 00 YEARS/MONTHS/DAYS

"OATH OF ENLISTMENT: "I, DUC VINH DAM ,do solemnly swear (or affirm) that I will support and defend the constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same, and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulation and the Uniform Code of Military Justice. So help me God. I swear (or affirm) that I am fully aware and fully understand the conditions under which I am enlisting."

**** SIGNATURE OF REENLISTEE

FIRST

MIDDLE

LAST

Subscribed and sworn before me on this 29th day of March, A.D. 2002

SIGNATURE
AND GRADE

(b)(6)

OFFICIAL TITLE:

REEN OFFICER

RECOMMENDING OFFICER NAME AND GRADE

31

NAVPER 1070/605 (Rev. 10-89)
RTC SERV-REC SET 1
NETPBA OVERPRINT

5. NAVY SERVICE SCHOOLS/MILITARY TRAINING COURSES	
COURSE NAME	
DATE	
LOCATION	
INSTRUCTOR	
STUDENT	
REMARKS	

COURSE TITLE/SCHOOL NHCS (A-300-0010) NAVHOSPCROPSCOLGLAKES		NEC 0000	DATE ENROLLED/COMPLETED 981102/980226	COURSE TITLE/SCHOOL SURG TECH SCOL HHS PORTSMOUTH VA		NEC 2483	DATE ENROLLED/COMPLETED 990824/000316
COURSE LENGTH 14 WKS	GRADE SAT	MANNER OF COMPLETION <input checked="" type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED		INIT CLJ	COURSE LENGTH 26 WKS	GRADE 2.91	MANNER OF COMPLETION <input checked="" type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED
COURSE TITLE/SCHOOL FMSS CLASS 99020		NEC HM 8404	DATE ENROLLED/COMPLETED 990406/990514	COURSE TITLE/SCHOOL		NEC	DATE ENROLLED/COMPLETED
COURSE LENGTH 5 WKS	GRADE SAT	MANNER OF COMPLETION <input checked="" type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED		INIT CLJ	COURSE LENGTH	GRADE	MANNER OF COMPLETION <input type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED

6. CORRESPONDENCE COURSES REQUIRED FOR ADVANCEMENT

[illegible]

7. NAVY ENLISTED CLASSIFICATIONS

8. PERSONNEL ADVANCEMENT REQUIREMENTS

PRIMARY CODE	SECONDARY CODE	DATE	INIT	DESCRIPTION	DATE COMPLETED	INIT
9730	C000	980811	CLJ			
0000	0000	990226	CLJ			

9. ENLISTED RATE/RATING

10. DESIGNATOR RECORD					

RATE	DATE	TIME IN RATE	INIT	DATE	DESIGNATOR	QUAL/REVOCATION	INIT
SR	980811	980811	DA				
HR	980811	990226	CLJ				
HR-HA	16MAY99	01MAY99	REN				
HA-HN	16MAR00	01MAR00	RLM				

Name (Last, first, middle)
Dam, Duc V

SOCIAL SECURITY NUMBER

(b)(6)

BRANCH/CLASS

ENLISTED QUALIFICATIONS HISTORY

1. EDUCATIONAL EXPERIENCE LEVEL

GED (HS) EQUIVALENT TEST			COLLEGE LEVEL GENERAL EXAMS		PRESENT LEVEL OF EDUCATION					
DATE ISSUED	ISSUING STATE	INIT	DATE PASSED	INIT	12	13	14	15	16	17

2. CLASSIFICATION/ASVAB TESTING QUALIFICATIONS

TEST FORM ID	DATE ADMIN.	AFQT	GS	AR	WK	PC	NO	CS	AS	MK	MC	EI	VE
270	980323	40	54	40	44	30	40	44	42	43	33	46	46

ASVAB ADMINISTERED BY: MEPS LOS ANGELES, CA

SPECIAL TEST SCORES

NAME	FORM	DATE	SCORE
DLAB			
NFQT			

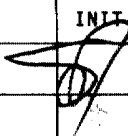
CLASSIFIER'S SIGNATURE

(b)(6)

3. REQUIRED CORRESPONDENCE COURSES

NUMBER/TITLE OF COURSE OR TEST	SCHOOL	COMPLETED	GRADE	INIT	TITLE OF COURSE OR TEST	SCHOOL	DATE COMPLETED	GRADE	INIT

4. OTHER TRAINING COURSES/INSTRUCTIONS COMPLETED

DATE COMPLETED	TYPE OF COURSE AND/OR INSTRUCTION	DURATION	LOCATION	INIT
981016	RECRUIT TRAINING (BMT)	8 WEEKS	RTC GREAT LAKES IL	

Name (Last, first, middle initial)

SOCIAL SECURITY NUMBER

BRANCH/CLASS

(b)(6)

11

[illegible]

Name (Last, first, middle)

SOCIAL SECURITY NUMBER

BRANCH/CLASS

(b)(6)

14

SHIP OR STATION

NAVAL MEDICAL CENTER PORTSMOUTH, VA UIC:00163

1. On 17 APR 00 you attended a four hour course titled, ALCOHOL AWARENESS TRAINING, sponsored by the Department of the Navy and it was conducted by the Naval Medical Center Portsmouth VA.

The specific content of the AWARE course consisted of The following:

1. THE RISK: Introduction, Administrative Issues.
2. THE RULES: Navy policy, Navy penalties, and Navy Core Values.
3. THE SUBSTANCE AND ITS IMPACT: Alcohol the substance, a drink, immediate risks, long term risks, guidelines for moderate drinking, patterns of drinking, signs and symptoms, resources for help, and personal assessment.
4. RESPONSIBLE USE: When not to drink, how to drink warning signs, and alternatives.

Oked Rich Dan.

(b)(6)

Command para/Aware Facilitator

NAME *DAM, DUC, V*

(b)(6)

BRANCH AND CLASS

USA